#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,681 MOP024

FEE-FOR-SERVICE/DENTAL SIERRA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

							M	INO	HLY AVERA	GE	
160 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	113	1,093	\$	119,874.14	\$	109.67	6.831		1060.83	\$	749.21
@PHYSICIANS SERVICES	3	5	\$	90.28	Ś	18.06	.031		30.09	\$.56
OUTPATIENT VISITS	0	0	т	.00	т.	.00	.000	-	.00	-	.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
	0	0					.000				
INPATIENT VISITS	0	0		.00		.00			.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	•	· · · · · · · · · · · · · · · · · · ·		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	5		90.28		18.06	.031		30.09		.56
@PHARMACY	96	371	\$	20,138.37	\$	54.28	2.319	\$	209.77	\$	125.86
PRESCRIPTION DRUGS	96	361		19 , 882.27		55.08	2.256		207.11		124.26
SNF/ICF	20	51		2,394.55		46.95	.319		119.73		14.97
OUTPATIENTS	79	310		17,487.72		56.41	1.938		221.36		109.30
MEDICAL SUPPLIES	5	10		256.10		25.61	.063		51.22		1.60
@DENTIST	1	1	\$	25.00	Ś	25.00	.006	Ś	25.00	\$.16
VISITS - DIAGNOSTIC	0	0	т	.00	т.	.00	.000	-	.00	-	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		25.00		25.00	.006		25.00		.16
	0	0							.00		
SPACE MAINTAINERS	0	0		.00		.00	.000				.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	•	•		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,682 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 SIERRA COUNTY

HS	CRANT	_	ACFD		Δ-	Γ	$\neg \neg$	F	1 (٦

01/17/03

160 ELIGIBLES USERS @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED 0 EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 VISITS OTHER SERVICES 0 @PODIATRIST MEDICINE/INJECTIONS
SURGERY/ANES.

RADIO./PATHOLOGY

OTHER

O

OFFICE SEALTH AGENCY

O

O

O @HOME HEALTH AGENCY NURSE MIDWIFE 0 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 8 2 0 @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL 0 0 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL 0 MEDICAL 0 SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT 6 0 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS 0 NON-HSC HOSPITALS TOTAL DAYS 0

LANSITIONAL IP CARE 0

ALL OTHER ACCOM 0

ANCILLARIES

VPATIENT CROSSOVERS

LOTT ACCOMMODATIONS 0 ANCILLARIES INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL 0 MEDICAL Ω SURGERY PATHOLOGY

RADIOLOGY 0 0 .00 .00 .000 .00 .00 .000 0 0 .00 .00 .00 ROOM USE .00 0 0 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPINT .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,683

01/17/03

MOPO24 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY	SUMMARY OF SERVI	CES FOR	CASH GR	ANT	- AGED		AID CODE	1.0				01,11,00
5121441 0001111	COLUMN OF SERVE	1010	011011 011		11022		1112 0022	Mo	тис	HLY AVERA	GE	
160 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST					COST PER
		OR DAYS			2111 2113 1 1 0 1 1 2 0			PER ELIG	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL			0.0	Ś	1,464.28		66.56		Ś	183.04		-
COMM HOSP INPATIENT TOTAL	2		3	т	870.67		290.22	.019		435.34		5.44
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000				.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00			.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
	3		2		870.67		290.22	010		.00		5.44
INPATIENT CROSSOVERS	2		5					.019		433.34		.00
ALL OTHER INPATIENT	0		1.0		.00 593.61		.00 31.24	110		.00 98.94		
COMM HOSP OUTPATIENT TOTAL	6		19					.119		98.94		3.71
MEDICAL	U		O		.00		.00	.000		.00		.00
SURGERY	U		0		.00		.00			.00		.00
PATHOLOGY	U		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00 98.94		.00
CROSSOVERS/ALL OTH OUTPTNT	6		19	_	593.61	_	31.24	.119	_	98.94	_	3.71
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0 23		0		.00		.00	.000		.00		.00
@NURSING FACILITY	23		425	\$	77,212.91	\$	181.68			3357.08	\$	
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	23 0		425		77 , 212.91		181.68	2.656		3357.08		482.58
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	32		78	\$	3,907.79	\$	50.10	.488	\$	122.12	\$	24.42
CLINIC	0		0	·	.00		.00	.000	·	.00		.00
SURGICENTER	0		0		.00		.00	.000				.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32		78		3 , 907.79		50.10			122.12		24.42
#CALIF DEPT OF HEALTH SERV		ES AND EX		ES M		REPORT					P	
"				_~ 1.							_	,

MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

					MON	THLY AVERA	GE
160 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	188 \$	16,970.44	\$ 90.27	1.175 \$	1414.20	\$ 106.07
DURABLE MED. EQUIP.	1	1	59.13	59.13	.006	59.13	.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	5	5,269.97	1053.99	.031	2634.99	32.94
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	170	11,352.40	66.78	1.063	1261.38	70.95
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	6	85.70	14.28	.038	85.70	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	187.47	46.87	.025	187.47	1.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2	15.77	7.89	.013	7.89	.10
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		
@XOVER EXCLUDING STATE HOSP**	22	31 \$	4,098.92	\$ 132.22	.194 \$	186.31	\$ 25.62

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,685 FEE-FOR-SERVICE/DENTAL MOP024 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MON	ITHLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13	39	\$	3,655.35	\$ 93.73	3.900	281.18	\$ 365.54
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	11	35	\$ 2,894.43	\$ 82.70	3.500	\$ 263.13	\$ 289.44
PRESCRIPTION DRUGS	11	35	2,894.43	82.70	3.500	263.13	289.44
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	11	35	2,894.43	82.70	3.500	263.13	289.44
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 13,686
MOP024	FEE-FOR-SERVICE/DENTA	.L					01/17/03
CIEDDA COUNTY	CHMMADY OF CEDITORS F	OD CACH CDAN	m DITND	AID CODE	2.0		

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR	CASH GF	RANT	- BLIND		AID CODE	20				
								M	ONT	HLY AVERA	GΕ	
10 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	_	.00		.00	.000	_	.00	_	.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,687
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	Γ - BLIND	AID CODE	20		
					1/01/7		

					MONT	THLY AVERA	GE.	
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0		\$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC	4	4 \$	760.92	\$	190.23	.400	\$ 190.23	\$ 76.09
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	4	4	760.92		190.23	.400	190.23	76.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 13,688
MOP024	FEE-FOR-SERVICE/DENTA	L						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES F	OR CASH GRANT	Γ - BLIND		AID CODE	20		
						MO	NTHLY AVERAG	E
10 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVER	AGE COST	INTTS/DAYS	COST PER	COST PER

					===== MO	NITLI AVERA	JE
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,689
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

----- MONTHLY AVERAGE -----790 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @TOTAL, ALL PROVIDERS 608 12,437 \$ 525,477.08 \$ 42.25 15.743 \$ 864.27 \$ 665.16 440 \$.557 \$ 137.35 \$ 21.73 125 39.02 @PHYSICIANS SERVICES 17**,**168.33 \$ 51 37.03 .084 47.92 66 3.09 OUTPATIENT VISITS 2,443.87 44 OFFICE VISITS 34 1,551.22 35.26 .056 45.62 1.96 1 .001 HOME VISITS 1 51.60 51.60 51.60 .07 EMERGENCY ROOM 11 11 589.32 53.57 .014 53.57 .75

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	10	10		251.73		25.17	.013		25.17		.32
INPATIENT VISITS	10	47		1,958.61		41.67	.059		195.86		2.48
HOSPITAL VISITS	10	46		1,837.01		39.94	.058		183.70		2.33
CRITICAL CARE	1	1		121.60		121.60	.001		121.60		.15
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15		37.15	.001		37.15		.05
EXAMINATIONS	_ 1	1		37.15		37.15	.001		37.15		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	7	33		2,703.64		81.93	.042		386.23		3.42
PRINCIPAL SURGEON	4	6		2,053.42		342.24	.008		513.36		2.60
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	27		650.22		24.08	.034		162.56		.82
OUTPATIENT SURGERY	14	31		2,156.86		69.58	.039		154.06		2.73
PRINCIPAL SURGEON	13	18		1,978.79		109.93	.023		152.21		2.50
	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	1	13		178.07		13.70	.016		178.07		.23
ANESTHESIOLOGIST	0	0					.000				
DIALYSIS	7			.00		.00			.00		.00
PATHOLOGY	36	60		884.69		14.74	.076		24.57		1.12
RADIOLOGY	35	115		4,761.46		41.40	.146		136.04		6.03
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		13.76		13.76	.001		13.76		.02
OTHER SERVICES/ALL X-OVERS	44	86		2,208.29		25.68	.109		50.19		2.80
@PHARMACY	510	4,081	\$	174,641.92	\$	42.79	5.166	Ş		Ş	221.07
PRESCRIPTION DRUGS	502	2,028		153,024.88		75.46	2.567		304.83		193.70
SNF/ICF	20	130		10,005.90		76.97	.165		500.30		12.67
OUTPATIENTS	484	1,898		143,018.98		75.35	2.403		295.49		181.04
MEDICAL SUPPLIES	54	2 , 053		21,617.04		10.53	2.599		400.32		27.36
@DENTIST	16	98	\$	3,751.00	\$	38.28	.124	\$	234.44	\$	4.75
VISITS - DIAGNOSTIC	11	47		595.50		12.67	.059		54.14		.75
ORAL SURGERY	3	22		1,653.00		75.14	.028		551.00		2.09
DRUGS	2	5		37.50		7.50	.006		18.75		.05
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.001		200.00		.25
ENDODONTICS	1	2		35.50		17.75	.003		35.50		.04
RESTORATIVE DENTISTRY	3	11		539.50		49.05	.014		179.83		.68
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.04
DENTURES, STAYPLATES	3	8		660.00		82.50	.010		220.00		.84
SPACE MAINTAINERS	1	1		.00		.00	.001		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 13,690
MOP024	FEE-FOR-SERVICE	J/DENTAL									01/17/03
SIERRA COUNTY		'ICES FOR CASH GRA	TNA	- DISABLED		AID CODE	60				
							M	ONT	HLY AVERA	GE -	
790 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	22		\$	1,518.69	\$	21.39	.090		69.03		
DIAGNOSTIC AND ANC. PROCED	13	13		616.85		47.45	.016		47.45		.78
EYE APPLIANCES	17	53		862.85		16.28	.067		50.76		1.09
OTHER OPTOMETRIC SERVICES	2	5		38.99		7.80	.006		19.50		.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	т	.00	·r	.00	.000	т.	.00	т.	.00
. 10110	J	Ü		:00		• 0 0	• 0 0 0		• 0 0		• 0 0

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 160.92	\$ 53.64	.004	\$ 80.46	\$.20
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	11.00	11.00	.001	11.00	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	149.92	74.96	.003	149.92	.19
@HOME HEALTH AGENCY	8	476	\$ 8,621.27	\$ 18.11	.603	\$ 1077.66	\$ 10.91
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	152	664	\$ 84,884.69	\$ 127.84	.841	\$ 558.45	\$ 107.45
HOSP INPATIENT TOTAL	15	49	61,592.64	1256.99	.062	4106.18	77.97
HSC HOSPITALS	2	19	21,147.00	1113.00	.024	10573.50	26.77
NON-HSC HOSPITAL TOTAL	5	16	33,989.64	2124.35	.020	6797.93	43.02
ACCOMMODATIONS	5	16	8,321.32	520.08	.020	1664.26	10.53
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	16	8,321.32	520.08	.020	1664.26	10.53
ANCILLARIES	5	0	25,668.32	.00	.000	5133.66	32.49
INPATIENT CROSSOVERS	8	14	6,456.00	461.14	.018	807.00	8.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	144	615	23,292.05	37.87	.778	161.75	29.48
MEDICAL	23	36	1,505.60	41.82	.046	65.46	1.91
SURGERY	9	13	405.73	31.21	.016	45.08	.51
PATHOLOGY	73	239	2,943.60	12.32	.303	40.32	3.73
RADIOLOGY	43	116	13,168.54	113.52	.147	306.25	16.67
ROOM USE	53	77	3,438.27	44.65	.097	64.87	4.35
CROSSOVERS/ALL OTH OUTPTNT	52	134	1,830.31	13.66	.170	35.20	2.32
@COUNTY HOSPITAL TOTAL	3	5	\$ 151.11	\$ 30.22	.006	\$ 50.37	\$.19
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	5	151.11	30.22	.006	50.37	.19
MEDICAL	1	1	26.38	26.38	.001	26.38	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	48.20	48.20	.001	48.20	.06
CROSSOVERS/ALL OTH OUTPTNT	2	3	76.53	25.51	.004	38.27	.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 13,691
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	CASH GRANT	' - DISABLED	AID CODE	60		
					MOI	NTHLY AVERA	GE
790 ELIGIBLES	USERS UNITS OF	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
ACOMMINITY HOSDITAL TOTAL	150	650 ¢	9/1 733 59	\$ 129.59	831	\$ 564 99	\$ 107.26

790 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARE		PER		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	150	659	\$ 84,733.58	\$	128.58	.834	\$	\$ 107.26
COMM HOSP INPATIENT TOTAL	15	49	61,592.64		1256.99	.062	4106.18	77.97
HSC HOSPITALS	2	19	21,147.00		1113.00	.024	10573.50	26.77
NON-HSC HOSPITALS TOTAL	5	16	33,989.64		2124.35	.020	6797.93	43.02
ACCOMMODATIONS	5	16	8,321.32		520.08	.020	1664.26	10.53
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	5	16	8,321.32		520.08	.020	1664.26	10.53
ANCILLARIES	5	0	25,668.32		.00	.000	5133.66	32.49
INPATIENT CROSSOVERS	8	14	6,456.00		461.14	.018	807.00	8.17
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	142	610	23,140.94		37.94	.772	162.96	29.29
MEDICAL	22	35	1,479.22		42.26	.044	67.24	1.87
SURGERY	9	13	405.73		31.21	.016	45.08	.51
PATHOLOGY	73	239	2,943.60		12.32	.303	40.32	3.73
RADIOLOGY	43	116	13,168.54		113.52	.147	306.25	16.67
ROOM USE	52	76	3,390.07		44.61	.096	65.19	4.29
CROSSOVERS/ALL OTH OUTPTNT	51	131	1,753.78		13.39	.166	34.39	2.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00	.00
@NURSING FACILITY	19	465	\$ 81 , 526.26	\$	175.33	.589	\$ 4290.86	\$ 103.20
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
LEV B-REGULAR	19	465	81,526.26		175.33	.589	4290.86	103.20
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00	.00
ICF DD	0	0	.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00	.00

@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	1	3	\$	48.95	\$	16.32	.004	\$ 48.95	Ś	.06
HOSPITAL BASED	0	0	Ψ	.00	т	.00	.000		Τ.	.00
TNDEDENDENT FACTITTY	1	3		48.95		16.32	.004			.06
ALADODATODA FACILITA	13	32	Ś		\$	12.95	.041			.52
DATIOLOGY	13	32	Ą	414.44	۲	12.95	.041	31.88	Ą	.52
YO AND OFFIEDS	13	0					.000	.00		.00
AU AND OTHERS	250	478	Ś	.00 55,819.94	Ċ	116.70			Ċ	
GORGANIZED OUTPATIENT CLINIC	259		'	55,819.94	Ş	116.78	.605		Þ	70.66
CLINIC	1	1		28.35		28.35	.001	28.35		.04
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	259	477		55,791.59			.604			70.62
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	C/DENTAL				r for Jan :	2002 THRU	DEC 2002	PΙ	AGE 13,692 01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED		AID CODE	60			
							M	ONTHLY AVER	AGE -	
790 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S COST PER	(COST PER
		OR DAYS OF CA			PEF	R UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	79	5,626	\$	96,920.67	\$	17.23	7.122	\$ 1226.84	\$	122.68
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	14	88	·	11.414.37	·	129.71	.111	815.31		14.45
BLOOD BANK	0	0		-00		.00	000	0.0		.00
HEARING AID DISPENSERS	1	1		25 00		25 00	001	25.00 726.67 638.25		.03
MEDICAL TRANSPORTATION	15	414		10 900 10		26.33	524	726 67		13.80
AMBITANCES/AID TRANS	11	303		7 020 77		17.91	196	638 25		8.89
OTHER TRANS		392		7,020.77		.00	.490	030.23		.00
OTHER TRUMS	0	2.2		2 070 22		176.33	.000	775 07		4.91
OTHER SERVICES	5	22		3,8/9.33			.028	113.81		
ACUPUNCTURE	U	0		.00		.00	.000	775.87 .00 663.41		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES	/	69		4,643.88		67.30	.08/	663.41		5.88
GENETIC DISEASE TESTING	Ü	0		.00		.00	.000			.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	3,449		64,864.51		18.81	4.366			82.11
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00 27.88		.00
OPTICIAN	16	39		446.04		11.44	.049			.56
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	6		904.98		150.83	.008	904.98		1.15
PROSTHETICS	1	6		904.98		150.83	.008	904.98 904.98 .00		1.15
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000			.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000			.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00 .00 181.85		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	6	131		1,091.11		8.33	.166	181.85		1.38
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		0.0		.00	.000	.00		.00
ALL OTHER PROVIDERS	28	1 429		2 630 73		1.84	1.809			3.33
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP**	1 2	183	\$	446.04 .00 .00 .00 .00 .00 .00 .00 .00 .00	Ś			\$ 1581.22	Ś	24.02
GAVARE EXCITIDING GAPAR HOGD**	70	400	\$	10,384.00	5	25 96	.506			13.14
@* TOTALS IN THESE LINES ARE	CIVEN AS A SEDAE				Y	23.90	. 300	7 140.J4	Y	13.14
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I										
				· MONTH-OF-PAYMENT R		י די ס דא אי	יותווח פחחכ	DEC 2002	ъ.	ACE 13 603
	FEE-FOR-SERVICE		こしたたろ	MONIU-OL-BAIMENI K	LPUK'I	L FUR JAN .	ZUUZ IHKU	DEC ZUUZ	PI	
	FEE-FOR-SERVICE			25 20 40 42 27 274	20 25	211 211 42	4.0			01/17/03

1,134 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SIERRA COUNTY

@TOTAL, ALL PROVIDERS 547 2,316 \$ 204,723.63 \$ 88.40 2.042 \$ 374.27 \$	
@PHYSICIANS SERVICES 84 201 \$ 8,364.22 \$ 41.61 .177 \$ 99.57 \$	7.38
OUTPATIENT VISITS 42 48 1,777.46 37.03 .042 42.32	1.57
OFFICE VISITS 22 24 778.89 32.45 .021 35.40	.69
HOME VISITS 0 0 .00 .00 .00 .00 .00	.00
EMERGENCY ROOM 19 22 826.50 37.57 .019 43.50	.73
PREVENTIVE CARE 0 0 .00 .00 .00 .00	.00
OB VISITS/COMPRE PERI 1 1 126.31 126.31 .001 126.31	.11
OTHER OUTPATIENT 1 1 45.76 45.76 .001 45.76	.04
INPATIENT VISITS 9 19 841.66 44.30 .017 93.52	.74
HOSPITAL VISITS 9 19 841.66 44.30 .017 93.52	.74
CRITICAL CARE 0 0 0 .00 .00 .00 .00	.00
	.00
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00
	.00
	.00
INPATIENT HOSPITAL SURGERY 6 35 3,143.03 89.80 .031 523.84	2.77
PRINCIPAL SURGEON 2 3 2,226.85 742.28 .003 1113.43	1.96
ASSISTANT SURGEON 2 2 373.00 186.50 .002 186.50	.33
ANESTHESIOLOGIST 3 30 543.18 18.11 .026 181.06	.48
OUTPATIENT SURGERY 6 14 966.15 69.01 .012 161.03	.85
PRINCIPAL SURGEON 5 5 760.88 152.18 .004 152.18	.67
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 2 9 205.27 22.81 .008 102.64	.18
DIALYSIS 0 0 .00 .00 .00 .00 .00	.00
PATHOLOGY 19 43 598.29 13.91 .038 31.49	.53
RADIOLOGY 17 22 400.91 18.22 .019 23.58	.35
PSYCHIATRY 0 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 1 3 24.10 8.03 .003 24.10	.02
OTHER SERVICES/ALL X-OVERS 11 17 612.62 36.04 .015 55.69	.54
@PHARMACY 238 772 \$ 24,910.02 \$ 32.27 .681 \$ 104.66 \$	
PRESCRIPTION DRUGS 236 550 23,995.05 43.63 .485 101.67	21.16
SNF/ICF 1 2 13.50 6.75 .002 13.50	.01
OUTPATIENTS 235 548 23,981.55 43.76 .483 102.05	21.15
MEDICAL SUPPLIES 9 222 914.97 4.12 .196 101.66	.81
@DENTIST 12 69 \$ 2,216.00 \$ 32.12 .061 \$ 184.67 \$	
VISITS - DIAGNOSTIC 11 42 589.00 14.02 .037 53.55	.52
ORAL SURGERY 1 4 311.00 77.75 .004 311.00	.27
DRUGS 1 1 1 15.00 17.75 .004 511.00 DRUGS 1 1 1 15.00 15.00 .001 15.00	.01
	.01
	.05
ENDODONTICS 1 6 426.00 71.00 .005 426.00	.38
RESTORATIVE DENTISTRY 2 13 720.00 55.38 .011 360.00	.63
PROSTHETICS 0 0 .00 .00 .00 .00	.00
DENTURES, STAYPLATES 0 0 .00 .00 .00 .00	.00
SPACE MAINTAINERS 0 0 .00 .00 .00 .00	.00
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00	.00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00	.00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00	.00
ALL OTHER SERVICES 0 0 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 13,694
MOP024 FEE-FOR-SERVICE/DENTAL	01/17/03

1,134 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

OR DAYS OF CARE

DEPLOY OF CARE

OR DAYS OF CARE

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SIERRA COUNTY

@OPTOMETRIST	22	66	\$	1,511.79	\$	22.91	.058	\$	68.72	\$	1.33
DIAGNOSTIC AND ANC. PROCED	16	16		759.20		47.45	.014		47.45		.67
EYE APPLIANCES	16	48		717.18		14.94	.042		44.82		.63
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.002		17.71		.03
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0	Ą	.00	Ą	.00	.000	Ų	.00	ې	.00
	0	0									
OTHER SERVICES		-	_	.00	_	.00	.000	_	.00	_	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.002	\$	104.99	\$.09
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	95	346	Ċ	38,513.60	\$	111.31		\$	405.41	\$	33.96
HOSP INPATIENT TOTAL	7	24	Ÿ	24,048.48	Ÿ	1002.02	.021		3435.50	Y	21.21
	0										
HSC HOSPITALS		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	7	24		24,048.48		1002.02	.021		3435.50		21.21
ACCOMMODATIONS	7	24		8,784.04		366.00	.021		1254.86		7.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	24		8,784.04		366.00	.021		1254.86		7.75
ANCILLARIES	7	0		15,264.44		.00	.000		2180.63		13.46
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	91	322		14,465.12		44.92	.284		158.96		12.76
MEDICAL	30	39		1,743.73		44.71	.034		58.12		1.54
SURGERY	7	10		980.50		98.05	.009		140.07		.86
PATHOLOGY	39	136		1,674.47		12.31	.120		42.94		1.48
RADIOLOGY	29	39		6,938.53		177.91	.034		239.26		6.12
ROOM USE	48	56		2,328.28		41.58	.049		48.51		2.05
CROSSOVERS/ALL OTH OUTPTNT	27	42		799.61		19.04	.037		29.62		.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	ċ	.00	\$.00
	0	0	Ą		Ą			Ą		Ą	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	~	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	-		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	Ô		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	n		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXDENUTALID	EC M		REPOP			DEC		D7	AGE 13,695
MOP024	FEE-FOR-SERVICE/DENTA		۱۲ ب	JONIN OF EATHERT	01.	I FOR UAN 2	.002 1111\U I) II (_002	E F	01/17/03
CIEDDA COINEY	CUMMARY OF CERVICES E		22 2	DE 20 40 42 27 2M	מר מנ	א זוכ כ	1 C				01/1//00

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SIERRA COUNTY

1,134 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGI	E COST	UNITS/DAY	S COST PER	 COST PER
		OR DAYS OF CAR	3		PER UN	T/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	346	\$	38,513.60	\$ 113	L.31	.305	\$ 405.41	\$ 33.96
COMM HOSP INPATIENT TOTAL	7	24		24,048.48	1002	2.02	.021	3435.50	21.21
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	7	24		24,048.48	1002	2.02	.021	3435.50	21.21
ACCOMMODATIONS	7	24		8,784.04	366	5.00	.021	1254.86	7.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	7	24		8,784.04	366	5.00	.021	1254.86	7.75
ANCILLARIES	7	0		15,264.44		.00	.000	2180.63	13.46
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	322		14,465.12		1.92	.284	158.96	12.76
MEDICAL	30	39		1,743.73		1.71	.034	58.12	1.54
SURGERY	7	10		980.50		3.05	.009	140.07	.86
PATHOLOGY	39	136		1,674.47		2.31	.120	42.94	1.48
RADIOLOGY	29	39		6,938.53	17	7.91	.034	239.26	6.12
ROOM USE	48	56		2,328.28		L.58	.049	48.51	2.05
CROSSOVERS/ALL OTH OUTPINT	27	42		799.61		9.04	.037	29.62	.71
@STATE HOSPITAL	5	151	\$	56 , 519.19	\$ 374	1.30		\$ 11303.84	\$ 49.84
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	5	151		56,519.19	374	1.30	.133	11303.84	49.84
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	17	\$	398.96	\$	23.47	.015	\$	44.33	\$.35
PATHOLOGY	9	17		398.96		23.47	.015		44.33		.35
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	302	451	\$	69,715.82	\$	154.58	.398	\$	230.85	\$	61.48
CLINIC	2	3		94.41		31.47	.003		47.21		.08
SURGICENTER	1	8		274.34		34.29	.007		274.34		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	300	440		69,347.07		157.61	.388		231.16		61.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	P7	AGE 13,696
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	R CGF 30-	33 3	5 38 40 42 3A-3M	3P 3R	3U 3W 4C	-4G				

----- MONTHLY AVERAGE -----EXPENDITURES 1,134 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.18 @ALL OTHER PROVIDERS 40 241 2,469.04 \$ 10.24 .213 \$ 61.73 \$ 0 .00 .000 .00 DURABLE MED. EQUIP. 0 .00 .00 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .00 .000 .00 HEARING AID DISPENSERS 285.66 MEDICAL TRANSPORTATION 40.81 .006 142.83 .25 142.83 285.66 40.81 .006 AMBULANCES/AIR TRANS .00 .00 .00 .00 OTHER TRANS .000 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 55.00 55.00 .001 55.00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .000 .00 0 .00 OCCUPATIONAL THERAPIST .00 301.15 9.13 .029 20.08 OPTICIAN .27 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 0 LOCAL EDUCATION AGENCIES 196 1,716.57 8.76 .173 85.83 1.51 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 110.66 27.67 ALL OTHER PROVIDERS .004 36.89 .10 .00 \$.00 .000 \$.00 \$ @CALIF. CHILDREN SERVICES* .00 7.73 \$.01 @XOVER EXCLUDING STATE HOSP** 7.73 .001 \$ 7.73 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,697 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

						MC	NTHLY AVERA	AGE	
2,094 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,281	15 , 885	\$	853,730.20	\$ 53.74	7.586	\$ 666.46	\$	407.70
@PHYSICIANS SERVICES	212	646	\$	25,622.83	\$ 39.66	.309	\$ 120.86	\$	12.24
OUTPATIENT VISITS	93	114		4,221.33	37.03	.054	45.39		2.02
OFFICE VISITS	56	68		2,330.11	34.27	.032	41.61		1.11
HOME VISITS	1	1		51.60	51.60	.000	51.60		.02
EMERGENCY ROOM	30	33		1,415.82	42.90	.016	47.19		.68
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.000	126.31		.06
OTHER OUTPATIENT	11	11		297.49	27.04	.005	27.04		.14
INPATIENT VISITS	19	66		2,800.27	42.43	.032	147.38		1.34
HOSPITAL VISITS	19	65		2,678.67	41.21	.031	140.98		1.28
CRITICAL CARE	1	1		121.60	121.60	.000	121.60		.06
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.000	37.15		.02
EXAMINATIONS	1	1		37.15	37.15	.000	37.15		.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	13	68		5,846.67	85.98	.032	449.74		2.79
PRINCIPAL SURGEON	6	9		4,280.27	475.59	.004	713.38		2.04
ASSISTANT SURGEON	2	2		373.00	186.50	.001	186.50		.18
ANESTHESIOLOGIST	7	_ 57		1,193.40	20.94	.027	170.49		.57
OUTPATIENT SURGERY	20	45		3,123.01	69.40	.021	156.15		1.49
PRINCIPAL SURGEON	18	23		2,739.67	119.12	.011	152.20		1.31
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	22		383.34	17.42	.011	127.78		.18
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	55	103		1,482.98	14.40	.049	26.96		.71
RADIOLOGY	52	137		5,162.37	37.68	.065	99.28		2.47
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	4		37.86	9.47	.002	18.93		.02
OTHER SERVICES/ALL X-OVERS	58	108		2,911.19	26.96	.052	50.19		1.39
@PHARMACY	855	5,259	\$	222,584.74	\$ 42.32	2.511		Ś	106.30
PRESCRIPTION DRUGS	845	2,974	т	199,796.63	67.18	1.420	236.45	Τ.	95.41
SNF/ICF	41	183		12,413.95	67.84	.087	302.78		5.93
OUTPATIENTS	809	2,791		187,382.68	67.14	1.333	231.62		89.49
MEDICAL SUPPLIES	68	2,285		22,788.11	9.97	1.091	335.12		10.88
@DENTIST	29	168	\$	5,992.00	\$ 35.67	.080		Ś	2.86
VISITS - DIAGNOSTIC	22	89	т	1,184.50	13.31	.043	53.84	Τ.	.57
ORAL SURGERY	4	26		1,964.00	75.54	.012	491.00		.94
DRUGS	3	6		52.50	8.75	.003	17.50		.03
ANESTHESIA	1	1		100.00	100.00	.000	100.00		.05
PERIODONTICS	3	3		255.00	85.00	.001	85.00		.12
ENDODONTICS	2	8		461.50	57.69	.004	230.75		.22
RESTORATIVE DENTISTRY	5	24		1,259.50	52.48	.011	251.90		.60
PROSTHETICS	1	1		30.00	30.00	.000	30.00		.01
DENTURES, STAYPLATES	4	9		685.00	76.11	.004	171.25		.33
SPACE MAINTAINERS	1	1		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
TITE OTHER SHIVITONS	U	U		.00	.00	.000	.00		. 00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 13,698

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SIERRA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

					M	ONT	HLY AVERA	GE	
2,094 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST					COST PER
		OR DAYS OF CAR		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	46 29	140	\$ 3,095.55	\$.067	\$	67.29	\$	1.48
DIAGNOSTIC AND ANC. PROCED		29	1,376.05	47.45	.014		47.45		.66
EYE APPLIANCES	35	104	1,645.10	15.82	.050		47.00		.79
OTHER OPTOMETRIC SERVICES	35 4	7	74.40	10.63	.003		18.60		.04
@CHIROPRACTOR	U	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00		.00
OTHER SERVICES	0	0	.00	.00	.000		.00		.00
@PODIATRIST	2	3	\$ 160.92	\$ 53.64	.001	\$	80.46	\$.08
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00		.00
SURGERY/ANES.	1	1	11.00	11.00	.000		11.00		.01
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00		.00
OTHER	1	2	149.92	74.96	.001		149.92		.07
@HOME HEALTH AGENCY	9	478	\$ 8,726.26	\$ 18.26	.228		969.58	\$	4.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000			\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	255	1,032	\$ 124,862.57	\$ 120.99	.493	\$	489.66	\$	59.63
HOSP INPATIENT TOTAL	24	76	86,511.79	1138.31 1113.00	.036		3604.66		41.31
HSC HOSPITALS	2	19			.009		10573.50		10.10
NON-HSC HOSPITAL TOTAL	12	40	58,038.12	1450.95	.019		4836.51		27.72
ACCOMMODATIONS	12	40	17,105.36	427.63	.019		1425.45		8.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	12	40	17,105.36	427.63	.019		1425.45		8.17
ANCILLARIES	12	0	40,932.76	.00	.000		3411.06		19.55
INPATIENT CROSSOVERS	10	17	7,326.67	430.98	.008		732.67		3.50
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	241	956	38,350.78	40.12	.457		159.13		18.31
MEDICAL	53	75	3,249.33	43.32	.036		61.31		1.55
SURGERY	16	23	1,386.23	60.27	.011		86.64		.66
PATHOLOGY	112	375	4,618.07	12.31	.179		41.23		2.21
RADIOLOGY	72	155	20,107.07	129.72	.074		279.26		9.60
ROOM USE	101	133	5,766.55	12.31 129.72 43.36 16.53	.064		57.09		2.75
CROSSOVERS/ALL OTH OUTPTNT	85	195	3,223.53	16.53	.093		37.92		1.54
@COUNTY HOSPITAL TOTAL	3	5	\$ 151.11	\$ 30.22	.002	\$	50.37	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00		.00
HSC HOSPITALS	0	0	.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00		.00
ANCILLARIES	0	0	.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	5	151.11	30.22	.002		50.37		.07
MEDICAL	1	1	26.38	26.38	.000		26.38		.01
SURGERY	0	0	.00	.00	.000		.00		.00
PATHOLOGY	0	0	.00	.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	48.20	48.20	.000	48.20	.02
CROSSOVERS/ALL OTH OUTPTNT	2	3	76.53	25.51	.001	38.27	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,699
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
STERRA COUNTY	STIMMARY OF SERVICES	FOR CASH CRANT	יי				

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRANT						
					MON	THLY AVERA	GE -	
2,094 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	253	1,027 \$	124,711.46	\$ 121.43	.490 \$	492.93	\$	59.56
COMM HOSP INPATIENT TOTAL	24	76	86,511.79	1138.31	.036	3604.66		41.31
HSC HOSPITALS	2	19	21,147.00	1113.00	.009	10573.50		10.10
NON-HSC HOSPITALS TOTAL	12 12	40	58,038.12	1450.95	.019	4836.51		27.72
ACCOMMODATIONS	12	40	17,105.36	427.63	.019	1425.45		8.17
ADMINISTRATIVE DAYS		0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	12	40	17,105.36	427.63	.019	1425.45		8.17
ANCILLARIES	12	0	40,932.76	.00	.000	3411.06		19.55
INPATIENT CROSSOVERS	10	17	7,326.67	430.98	.008	732.67		3.50
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	239	951	38,199.67	40.17	.454	159.83		18.24
MEDICAL	52	74	3,222.95	43.55	.035	61.98		1.54
SURGERY	16	23	1,386.23	60.27	.011	86.64		.66
PATHOLOGY	112	375	4,618.07	12.31	.179	41.23		2.21
RADIOLOGY	72	155	20,107.07	12.31	.074	279.26		9.60
ROOM USE	100	132	5,718.35	43.32	.063	57.18		2.73
CROSSOVERS/ALL OTH OUTPTNT		192	3,147.00	16.39	.092	37.16		1.50
	5	151 \$	•				ċ	26.99
@STATE HOSPITAL	0	121 \$	56,519.19	\$ 374.30	·	11303.84	Ş	
MENTALLY ILL	5		.00	.00	.000	.00		.00
DEVELOP. DISABLED	3 42	151 890 \$	56,519.19	374.30 \$ 178.36	.072	11303.84	Ċ	26.99
@NURSING FACILITY	42	890 Ş 0	158,739.17		·	3779.50	Ş	75.81
LEV A-INTERMEDIATE	0	-	.00	.00	.000	.00		.00
LEV B-REHAB MD	· · · · · · · · · · · · · · · · · · ·	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	42	890	158,739.17	178.36	.425	3779.50	_	75.81
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$		Ş	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	1	3 \$	48.95	\$ 16.32	.001 \$		\$.02
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	1	3	48.95	16.32	.001	48.95		.02
@LABORATORY FACILITY	22	49 \$	813.40	\$ 16.60	.023 \$		\$.39
PATHOLOGY	22	49	813.40	16.60	.023	36.97		.39
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	597	1,011 \$	130,204.47	\$ 128.79	.483 \$		\$	62.18
CLINIC	3	4	122.76	30.69	.002	40.92		.06
SURGICENTER	1	8	274.34	34.29	.004	274.34		.13
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	595	999	129,807.37	129.94	.477	218.16		61.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	C 2002	PA	GE 13,700

Didn't Court Down of Didn't Old Tolk Chair Given							
					MON	THLY AVERA	GE
2,094 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	131	6 , 055 \$	116,360.15	\$ 19.22	2.892 \$	888.25	\$ 55.57
DURABLE MED. EQUIP.	15	89	11,473.45	128.92	.043	764.90	5.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	6	5,294.97	882.50	.003	1764.99	2.53
MEDICAL TRANSPORTATION	17	421	11,185.76	26.57	.201	657.99	5.34
AMBULANCES/AIR TRANS	13	399	7,306.43	18.31	.191	562.03	3.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	22	3,879.33	176.33	.011	775.87	1.85
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	16	239	15 , 996.28	66.93	.114	999.77	7.64
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	8	3,449	64,864.51	18.81	1.647	8108.06	30.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	78	832.89	10.68	.037	26.03	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	904.98	150.83	.003	904.98	.43
PROSTHETICS	1	6	904.98	150.83	.003	904.98	.43
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	187.47	46.87	.002	187.47	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	327	2,807.68	8.59	.156	107.99	1.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	33	1,435	2,757.16	1.92	.685	83.55	1.32
@CALIF. CHILDREN SERVICES*	12	183	\$ 18,974.67	\$ 103.69	.087	\$ 1581.22	\$ 9.06
@XOVER EXCLUDING STATE HOSP**	93	432	\$ 14,490.65	\$ 33.54	.206	\$ 155.81	\$ 6.92

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,701 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC										01/1//03
SIERRA COUNTY	SUMMARY OF SER	ICES FOR 185	5% PROG	GRAM -	INFANTS	AID	CODES 47	69			
								MO	NTHLY AVERA	AGE	
43 ELIGIBLES	USERS	UNITS OF SER	RVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	16	2	23 \$	5	1,745.44	\$	75.89	.535	\$ 109.09	\$	40.59
@PHYSICIANS SERVICES	3		4 \$	5	82.52	\$	20.63	.093	\$ 27.51	\$	1.92
OUTPATIENT VISITS	3		3		80.41		26.80	.070	26.80		1.87
OFFICE VISITS	3		3		80.41		26.80	.070	26.80		1.87
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
	0		0		.00				.00		
OUTPATIENT SURGERY	0		0				.00	.000			.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		-		.00		.00	.000	.00		.00
DIALYSIS	· ·		0		.00		.00	.000	.00		.00
PATHOLOGY	1		1		2.11		2.11	.023	2.11		.05
RADIOLOGY	•		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00		.00
@PHARMACY	8		9 \$	5	90.72	\$	10.08	.209		\$	2.11
PRESCRIPTION DRUGS	8		9		90.72		10.08	.209	11.34		2.11
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	8		9		90.72		10.08	.209	11.34		2.11
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	0		0 \$	5	.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00		.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0		.00		.00	.000	.00		.00
PERIODONTICS	0		0		.00		.00	.000	.00		.00
ENDODONTICS	0		0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MON	NTH-OF-PAYMENT REP	ORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 13,702
MOP024	FEE-FOR-SERVICE/DENT	PAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		
					MON	THLY AVERAG	E
43 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

SIERRA COUNTI	SUMMARI OF SERVICES FOR	(100% Pi	ROGRAM -	INFANIS	AID (CODES 47	09			
								NTHLY AVERA	AGE	
43 ELIGIBLES	USERS UNITS (OF SERVICE	E	EXPENDITURES			UNITS/DAYS			COST PER
	OR DA	S OF CAR	E		PER U	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	.00	·	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
	0	0								
OTHER OPTOMETRIC SERVICES	•	-		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	Û	0	т	.00	т	.00	.000	.00	-T	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
	0	-								
RADIO./PATHOLOGY	Ü	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
	0	0	\$		\$					
FAMILY NURSE PRACTITIONER	U		Þ	.00	Ş	.00		\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ş	.00	Ş	.00		\$.00	Ş	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
TRANSITIONAL IP CARE	U	-								.00
ALL OTHER ACCOM	Ü	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	Ô	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
	0	0								
PATHOLOGY	U	•		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	·	.00	.000	.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0		.00			.000	.00		
NON-HSC HOSPITALS TOTAL	U	•				.00				.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
111101111111110	Ŭ	J		.00		• 0 0	• 0 0 0	• 0 0		• • • •

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	Ô	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
	0	0						
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	IRES MON'.	I'H-OF'-PAYMEN'I' RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 13,703
MOP024	FEE-FOR-SERVICE							01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM -	- INFANTS	AID CODES 47	69		
						MONT		E
43 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0						
	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ü	Ü		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	0	0	Ċ					
@STATE HOSPITAL	U	•	\$.00	\$.00	.000 \$.00	
MENTALLY ILL	U	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	Ü	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	Ô	0	Ś	.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	т	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
	0	0				.000		.00
ICF DDN/DDCN	0		Ċ	.00	.00		.00	
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	•	.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
	9	Ŭ		• • • •	• • • •	• 5 5 5	• • • •	• • • •

@ORGANIZED OUTPATIENT CLINIC	۵	10 \$	1,572.20	\$ 157.22	.233 \$	174.69	\$ 36.56
CLINIC CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	9	10	1,572.20	157.22	.233	174.69	36.56
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	•				PAGE 13,704
MOP024	FEE-FOR-SERVICE				2002 1111.0 22.	, 2002	01/17/03
SIERRA COUNTY		CES FOR 185% PROGRAM	- INFANTS	AID CODES 47	7 69		01/11/00
					MONT	THLY AVERA	GE
43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE		ATE INFORMATION ITEM ON	NLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE API	PROPRIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 13,705
MOP024	FEE-FOR-SERVICE,						01/17/03
SIERRA COUNTY		CES FOR 185% PROGRAM	- PREGNANT A	ID CODES 44 48	3 49		
					MONT	HLY AVERA	GE
57 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	44	416 \$	36,057.39	\$ 86.68	7.298 \$	819.49	
@PHYSICIANS SERVICES	21	133 \$	9,051.51	\$ 68.06	2.333 \$	431.02	
OUTPATIENT VISITS	7	10	577.12	57.71	.175	82.45	10.12
OFFICE VISITS	4	7	279.90	39.99	.123	69.98	4.91
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.018	44.60	.78

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	252.62	126.31	.035	126.31	4.43
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	26	2,030.18	78.08	.456	507.55	35.62
HOSPITAL VISITS	4	12	571.06	47.59	.211	142.77	10.02
CRITICAL CARE	1	14	1,459.12	104.22	.246	1459.12	25.60
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	8	46	4,405.77	95.78	.807	550.72	77.29
PRINCIPAL SURGEON	4	4	3,465.90	866.48	.070	866.48	60.81
ASSISTANT SURGEON	1	1	186.50	186.50	.018	186.50	3.27
ANESTHESIOLOGIST	3	41	753.37	18.37	.719	251.12	13.22
OUTPATIENT SURGERY	2	8	377.04	47.13	.140	188.52	6.61
PRINCIPAL SURGEON	2	7	347.18	49.60	.123	173.59	6.09
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	1	29.86	29.86	.018	29.86	.52
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	9	122.13	13.57	.158	24.43	2.14
RADIOLOGY	8	11	296.30	26.94	.193	37.04	5.20
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6	56.02	9.34	.105	18.67	.98
OTHER SERVICES/ALL X-OVERS	5	17	1,186.95	69.82	.298	237.39	20.82
@PHARMACY	10	27	\$ 856.87	\$ 31.74	.474	\$ 85.69	\$ 15.03
PRESCRIPTION DRUGS	10	26	778.92	29.96	.456	77.89	13.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	10	26	778.92	29.96	.456	77.89	13.67
MEDICAL SUPPLIES	1	1	77.95	77.95	.018	77.95	1.37
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU I	DEC	2002	Р	AGE 13,706
MOP024	FEE-FOR-SERVICE										01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM	- PREGNANT A	ID CO	DES 44 48	49				
				-			MC	тис	HLY AVERA	GE	
57 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	0	'	.00	'	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	Y	.00	Y	.00	.000	٧	.00	Ψ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
OTHER	0	0	\$		\$.00	.000	ċ		ċ	
@HOME HEALTH AGENCY	0	0	ې د	.00		.00	.000		.00	\$.00
NURSE ANESTHESIST	0	0	ې د	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	•	Ş A	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş S	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	15	112	\$	20,746.78		185.24	1.965	\$	1383.12	\$	363.98
HOSP INPATIENT TOTAL	3	15		18,447.57		1229.84	.263		6149.19		323.64
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	15		18,447.57		1229.84	.263		6149.19		323.64
ACCOMMODATIONS	3	15		5,212.34		347.49	.263		1737.45		91.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	15		5,212.34		347.49	.263		1737.45		91.44
ANCILLARIES	3	0		13,235.23		.00	.000		4411.74		232.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14	97		2,299.21		23.70	1.702		164.23		40.34
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	27		402.66		14.91	.474		57.52		7.06
RADIOLOGY	4	4		279.59		69.90	.070		69.90		4.91
ROOM USE	7	16		455.21		28.45	.281		65.03		7.99
CROSSOVERS/ALL OTH OUTPTNT	7	50		1,161.75		23.24	.877		165.96		20.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	•	FS MON						D	AGE 13,707
MOP024	FEE-FOR-SERVICE/I		(ED FION	III OF TAIMENT	INDI OIN	I FOR OAN 2	2002 IIIKO DI	10 2002	1	01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE/I		OCRAM	- PRECNANT	ATD C	ODES 44 48	A 9			01/1//03
SIERRA COUNTI	SOMMAN OF SERVICE	LOS FOR TOS II	COULTI	INEGNANI	AID C	ODES 44 40	MON	ITHIV AVERA	CF	
57 ELIGIBLES	USERS (JNITS OF SERVICE	,	EXPENDITURES	2 27	FRACE COST	UNITS/DAYS	COST PER	-	COST PER
37 EDIGIDDES	OSERS	OR DAYS OF CARE		EXIENDITORES		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	112	\$	20,746.78		185.24	_	1383.12		363.98
COMM HOSP INPATIENT TOTAL	3	15	Y	18,447.57		1229.84	.263	6149.19	Y	323.64
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	15		18,447.57		1229.84	.263	6149.19		323.64
ACCOMMODATIONS	3	15		5,212.34		347.49	.263	1737.45		91.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	15		5,212.34		347.49	.263	1737.45		91.44
ANCILLARIES	3	0		13,235.23		.00	.000	4411.74		232.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	14	97		2,299.21		23.70	1.702	164.23		40.34
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	7	27		402.66		14.91	.474	57.52		7.06
RADIOLOGY	/	4		279.59		69.90	.070	69.90		4.91
ROOM USE	7	16		455.21		28.45	.281	65.03		7.99
CROSSOVERS/ALL OTH OUTPTNT	7	50		1,161.75		23.24	.877	165.96		20.38
@STATE HOSPITAL	,	0	Ś	.00		.00	.000 \$		Ċ	.00
MENTALLY ILL	0	0	۲	.00		.00	.000	.00	ې	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000		Ċ	.00
LEV A-INTERMEDIATE	0	0	۲	.00		.00	.000	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	Δ	4	\$	50.44		12.61	.070 \$		Ś	.88
PATHOLOGY	1	4	Ψ.	50.44	Υ	12.61	.070	12.61	Υ	.88
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
	16	27	Ċ						ć -	
@ORGANIZED OUTPATIENT CLINIC			\$	4,168.33	•	154.38	.474 \$		\$	73.13
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	16	27		4,168.33		154.38	.474	260.52	-	73.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE	13,708
MOP024	FEE-FOR-SERVICE,	DENTAL							01	1/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM	- PREGNANT	AID CC	DES 44 48	49			
							MON	ITHLY AVERA	GE	
57 ELIGIBLES	USERS	UNITS OF SERVICE	F.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS			Γ PER
37 111011110	OBLICE	OR DAYS OF CAR		DALDIDITORDO			PER ELIG	USER		GIBLE
@ALL OTHER PROVIDERS	6	113	\$	1,183.46		10.47	1.982 \$			20.76
	0		Ą	•					ې د	
DURABLE MED. EQUIP.		0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	107		653.46		6.11	1.877	653.46	1	11.46
AMBULANCES/AIR TRANS	1	107		653.46		6.11	1.877	653.46	1	11.46
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	6	6		530.00		88.33	.105	88.33		9.30
	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0								
OCCUPATIONAL THERAPIST	•			.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
	0	0		.00			.000	.00		.00
PED SUBACUTE REHAB/WEANING	U	•				.00				
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARA	ATE INFORMATION	ITEM ON	LY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE API	PROPRIATE DETAIL	LINES	ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	E DETAIL LINES A	BOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE	13,709
MOP024	FEE-FOR-SERVICE,									1/17/03
SIERRA COUNTY	SUMMARY OF SERV		POST P	ARTUM PROGRAM		AID CODE	76		-	
						0000	MON	ITHIY AVERA	GE	
							1101			

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

PER UNIT/DAY PER ELIG USER

COST PER

ELIGIBLE

03 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
	0	0					.00
PREVENTIVE CARE	U	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
INPATIENT HOSPITAL SURGERY	· · · · · · · · · · · · · · · · · · ·	•	.00	.00	.000		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	O	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
PSYCHIATRY	U	· ·	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	Ü	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$		\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIA	•	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		•	.00 MONTH-OF-PAYMENT 1				PAGE 13,710
			, HONIII OF -FAIMENI I	NAU AUT IMOIH.	ZUUZ INKU DE	C 2002	01/17/03
MOPO24	FEE-FOR-SERVICE/DE		CE DADELIM DDOCDAM	7 TD (COD)	F 76		01/1//03
SIERRA COUNTY	SUMMARY OF SERVICE	LO FUK OU-DAY PO	OSI PAKTUM PRUGRAM	AID COD		miit v armes	`
03 811018180	HODDO IN	ITMO OF CERTIFICE	DADDIDIDIDE	ALTEDACE COC	MON		
03 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER

@OPTOMETRIST	0	0	\$.0) \$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.0)	.00	.000	.00	.00
EYE APPLIANCES	0	0	.0)	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.0)	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.0) \$.00	.000	\$.00	\$.00
VISITS	0	0	.0)	.00	.000	.00	.00
OTHER SERVICES	0	0	.0)	.00	.000	.00	.00
@PODIATRIST	0	0	\$.0) \$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.0)	.00	.000	.00	.00
SURGERY/ANES.	0	0	.0)	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.0)	.00	.000	.00	.00
OTHER	0	0	.0)	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.0) \$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.0) \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.0) \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.0) \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.0) \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.0) \$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.0)	.00	.000	.00	.00
HSC HOSPITALS	0	0	.0)	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.0)	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0)	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0)	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0)	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0)	.00	.000	.00	.00
ANCILLARIES	0	0	.0)	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0)	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0)	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.0)	.00	.000	.00	.00
MEDICAL	0	0	.0)	.00	.000	.00	.00
SURGERY	0	0	.0		.00	.000	.00	.00
PATHOLOGY	0	0	.0)	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 20	02 THRU DEC	2002	PAGE 13,711
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	60-DAY PO	ST PARTUM PROGRAM	AID CODE 7			
					MONT	HLY AVERAG	E

					MON	THLY AVERAC	FE
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.0)	.00
ICF DD	0	0		.00		.00	.000	.0)	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.0)	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0) \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0)	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.0)	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0) \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0)	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.0)	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.0) \$.00
PATHOLOGY	0	0		.00		.00	.000	.0)	.00
XO AND OTHERS	0	0		.00		.00	.000	.0)	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.0) \$.00
CLINIC	0	0		.00		.00	.000	.0)	.00
SURGICENTER	0	0		.00		.00	.000	.0)	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.0)	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	ES MONTH-OF	F-PAYMENT F	REPORT	FOR JAN 2	2002 THRU	DEC 2002]	PAGE 13,712
MOP024	FEE-FOR-SERVICE/DEN	TAL								01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 60-DAY F	POST PARTUN	1 PROGRAM		AID CODE				
								ONTHLY AVE		
03 ELIGIBLES	HISERS HINT	TS OF SERVICE	EXI	PENDITTIRES	ΔVER	AGE COST	IINITTS/DAY	S COST PE	₹	COST PER

03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
0* TOTAL IN THESE ITNES ARE CIVE	NI NO NOTON	O Y		• • • • • • • • • • • • • • • • • • • •	.000 9	.00 4	.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,713

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 185%/	60-DA	YA PP	AID CODES 4	44 4 / 48	3 49 69				
									HLY AVERA	GE.	
103 ELIGIBLES	USERS	UNITS OF SERVI			EXPENDITURES			UNITS/DAY	COST PER		COST PER
		OR DAYS OF CAR						PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	60	439	\$		37,802.83	\$	36.11	4.262	\$ 630.05	\$	367.02
@PHYSICIANS SERVICES	24	137	\$		9,134.03	\$	66.67	1.330	\$ 380.58	\$	88.68
OUTPATIENT VISITS	10	13			657.53	ļ	50.58	.126	65.75		6.38
OFFICE VISITS	7	10			360.31		36.03	.097	51.47		3.50
HOME VISITS	0	0			.00		.00	.000	.00		.00
EMERGENCY ROOM	1	1			44.60	4	44.60	.010	44.60		.43
PREVENTIVE CARE	0	0			.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	2	2			252.62	1:	26.31	.019	126.31		2.45
OTHER OUTPATIENT	0	0			.00		.00	.000	.00		.00
INPATIENT VISITS	4	26			2,030.18		78.08	.252	507.55		19.71
HOSPITAL VISITS	4	12			571.06		47.59	.117	142.77		5.54
CRITICAL CARE	1	14			1,459.12		04.22	.136	1459.12		14.17
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000	.00		.00
EXAMINATIONS	0	0			.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	46			4,405.77		95.78	.447	550.72		42.77
PRINCIPAL SURGEON	4	4			3,465.90		66.48	.039	866.48		33.65
	1	1									1.81
ASSISTANT SURGEON	3	41			186.50		36.50	.010 .398	186.50		
ANESTHESIOLOGIST	2	8			753.37		18.37		251.12		7.31 3.66
OUTPATIENT SURGERY	2	8 7			377.04		47.13	.078	188.52		
PRINCIPAL SURGEON					347.18	•	49.60	.068	173.59		3.37
ASSISTANT SURGEON	0	0			.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	1			29.86	-	29.86	.010	29.86		.29
DIALYSIS	•	0			.00		.00	.000	.00		.00
PATHOLOGY	6	10			124.24		12.42	.097	20.71		1.21
RADIOLOGY	8	11			296.30	2	26.94	.107	37.04		2.88
PSYCHIATRY	0	0			.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	3	6			56.02		9.34	.058	18.67		.54
OTHER SERVICES/ALL X-OVERS	5	17			1,186.95		69.82	.165	237.39		11.52
@PHARMACY	18	36	\$		947.59		26.32	.350	\$ 52.64	\$	9.20
PRESCRIPTION DRUGS	18	35			869.64	2	24.85	.340	48.31		8.44
SNF/ICF	0	0			.00		.00	.000	.00		.00
OUTPATIENTS	18	35			869.64		24.85	.340	48.31		8.44
MEDICAL SUPPLIES	1	1			77.95	•	77.95	.010	77.95		.76
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000	.00		.00
ORAL SURGERY	0	0			.00		.00	.000	.00		.00
DRUGS	0	0			.00		.00	.000	.00		.00
ANESTHESIA	0	0			.00		.00	.000	.00		.00
PERIODONTICS	0	0			.00		.00	.000	.00		.00
ENDODONTICS	0	0			.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000	.00		.00
THE OTHER SHIVETONS	O	O			• 0 0		• 0 0	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,714 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL SIERRA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR	185%/60-	-DAY PP	AID CODES 4	44 4	/ 48 49 69		^ N T FF		с п	
100 51 5655 56			00011100			3.7.7		M				
103 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	0	OR DAYS			0.0		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş		\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15		112	\$	20,746.78	\$	185.24	1.087	\$	1383.12	\$	201.43
HOSP INPATIENT TOTAL	3		15		18,447.57		1229.84	.146		6149.19		179.10
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3		15		18,447.57		1229.84	.146		6149.19		179.10
ACCOMMODATIONS	3		15		5,212.34		347.49	.146		1737.45		50.61
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3		15		5,212.34		347.49	.146		1737.45		50.61
ANCILLARIES	3		0		13,235.23		.00	.000		4411.74		128.50
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14		97		2,299.21		23.70	.942		164.23		22.32
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	7		27		402.66		14.91	.262		57.52		3.91
RADIOLOGY	4		4		279.59		69.90	.039		69.90		2.71
ROOM USE	7		16		455.21		28.45	.155		65.03		4.42
CROSSOVERS/ALL OTH OUTPTNT	7		50		1,161.75		23.24	.485		165.96		11.28
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0		0	7	.00	т	.00	.000	Τ.	.00	Τ.	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
PATHOLOGY	U		U		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH-	OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 13,715
MOP024	FEE-FOR-SERVICE/DENTAL	1					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR 185%/60-DAY PP	AID CODES 44 47	48 49 69 76			

						MC	NTHLY AVERA	GE
103 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE]		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	112	\$	20,746.78	\$ 185.24	1.087	\$ 1383.12	\$ 201.43
COMM HOSP INPATIENT TOTAL	3	15		18,447.57	1229.84	.146	6149.19	179.10
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	15		18,447.57	1229.84	.146	6149.19	179.10
ACCOMMODATIONS	3	15		5,212.34	347.49	.146	1737.45	50.61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	15		5,212.34	347.49	.146	1737.45	50.61
ANCILLARIES	3	0		13,235.23	.00	.000	4411.74	128.50
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	97		2,299.21	23.70	.942	164.23	22.32
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	27		402.66	14.91	.262	57.52	3.91
RADIOLOGY	4	4		279.59	69.90	.039	69.90	2.71
ROOM USE	7	16		455.21	28.45	.155	65.03	4.42
CROSSOVERS/ALL OTH OUTPTNT	7	50		1,161.75	23.24	.485	165.96	11.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	4	\$	50.44	\$	12.61	.039	\$	12.61	\$.49
PATHOLOGY	4	4		50.44		12.61	.039		12.61		.49
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	25	37	\$	5,740.53	\$	155.15	.359	\$	229.62	\$	55.73
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	37		5,740.53		155.15	.359		229.62		55.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU:	RES MONTH-	-OF-PAYMENT	REPORT	FOR JAN 2002	2 THRU	DEC	2002	PI	AGE 13,716
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	185%/6	0-DAY PP	AID CODES	44 47	48 49 69 76					

SIERNA COUNTI	SUMMANT OF SER	ATCES FOK 102.9/ 0	O DAI FF	AID CODES	44 4/ 5	10 49 09	7 0			
							MC	ONTHLY AVE	RAGE	
103 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	S COST PE	3	COST PER
		OR DAYS OF CAR	E		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	6	113	\$	1,183.46	\$	10.47	1.097	\$ 197.2	4 \$	11.49
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00)	.00
BLOOD BANK	0	0		.00		.00	.000	.00)	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00)	.00
MEDICAL TRANSPORTATION	1	107		653.46		6.11	1.039	653.4		6.34
AMBULANCES/AIR TRANS	1	107		653.46		6.11	1.039	653.4	5	6.34
OTHER TRANS	0	0		.00		.00	.000	.00)	.00
OTHER SERVICES	0	0		.00		.00	.000	.00)	.00
ACUPUNCTURE	0	0		.00		.00	.000	.00)	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00)	.00
GENETIC DISEASE TESTING	6	6		530.00		88.33	.058	88.3	3	5.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00)	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00)	.00
OPTICIAN	0	0		.00		.00	.000	.00)	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00)	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00)	.00
PROSTHETICS	0	0		.00		.00	.000	.00)	.00
ORTHOTICS	0	0		.00		.00	.000	.00)	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00)	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00)	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,717 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----42 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 423.52 \$ 312.60 @TOTAL, ALL PROVIDERS 31 206 13,129.21 63.73 4.905 \$ \$ 0 0 .000 \$.00 \$ @PHYSICIANS SERVICES .00 .00 .00 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .000 .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .000 .00 EXAMINATIONS .00 . 00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .00 .000 .00 .00 10,958.31 \$ 142.32 @PHARMACY 24 77 1.833 \$ 456.60 \$ 260.91 PRESCRIPTION DRUGS 77 10,958.31 142.32 1.833 456.60 260.91 Ω .00 .00 .000 .00 .00 SNF/ICF 24 77 142.32 1.833 456.60 260.91 10,958.31 OUTPATIENTS 0 MEDICAL SUPPLIES .00 .00 .000 .00 .00 .00 .000 \$.00 \$ @DENTIST .00 .00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .00 .00 ORAL SURGERY .000 .00 .00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 .000 RESTORATIVE DENTISTRY .00 .00 .00 .00 PROSTHETICS .00 .000 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,718
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
CIEDDA COUMBY	CHMMADY OF CEDITORS	י די שוחדה דד ו		ALD CODE	1.6		

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 SIERRA COUNTY ----- MONTHLY AVERAGE -----42 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 Ś .00 \$ \$.000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 EYE APPLIANCES .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 Ś .00 .000 \$.00 .00 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .000 \$.00 \$ 0 .00 .00 .00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 .000 .00 @HOME HEALTH AGENCY .00 Ś .00 .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 \$.00 .000 .00 Ś .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 0 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 108 1,723.35 15.96 2.571 344.67 @TOTAL HOSPITAL 41.03 812.00 812.00 HOSP INPATIENT TOTAL 812.00 .024 19.33 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .000 .00 .00 812.00 INPATIENT CROSSOVERS 812.00 812.00 .024 19.33 .00 ALL OTHER INPATIENT 0 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 107 911.35 8.52 2.548 227.84 21.70 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .00 0 .000 .00 ROOM USE 107 8.52 CROSSOVERS/ALL OTH OUTPINT 911.35 2.548 227.84 21.70 .000 \$ @COUNTY HOSPITAL TOTAL 0 .00 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .00 .000 .00 .00 .00 HSC HOSPITALS .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MC	NTH-OF-PAYMENT REPO	ORT FOR JAN 20	02 THRU DE	C 2002	PAGE 13,719
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR TITLE II DIS	REGARD - AGED	AID CODE 1	6		
				-	MON	THLY AVERAG	E
42 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES A	AVERAGE COST U	NITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	E	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	108 \$	1,723.35 \$	15.96	2.571 \$	344.67	\$ 41.03

							M	ONT	HLY AVERA	GE.	
42 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	108	\$	1,723.35	\$	15.96	2.571	\$	344.67	\$	41.03
COMM HOSP INPATIENT TOTAL	1	1		812.00		812.00	.024		812.00		19.33
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	1		812.00		812.00	.024		812.00		19.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	107		911.35		8.52	2.548		227.84		21.70
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	4	107		911.35		8.52	2.548		227.84		21.70
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	'	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	Ō	0	'	.00	'	.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	-	-									

@ORGANIZED OUTPATIENT CLINIC	6	6	\$	227.27	\$	37.88	.143	\$ 37.88	\$ 5.41
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	6	6		227.27		37.88	.143	37.88	5.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU D	EC 2002	PAGE 13,720
MOP024	FEE-FOR-SERVICE,	/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DIS	REGARD - AGED		AID CODE	16		
							MO	NTHLY AVERA	GE
42 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	15	\$	220.28	\$	14.69	.357	\$ 44.06	\$ 5.24
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00	.00
BLOOD BANK	0	0		.00		.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00	.00
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
ACUPUNCTURE	0	0		.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	1	3		61.90		20.63	.071	61.90	1.47
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	12		158.38	13.20	.286	39.60	3.77
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	120	\$	1,918.75	\$ 15.99	2.857	\$ 239.84	\$ 45.68
A* MOMAIC IN MURCE IINEC ADE CIVEN	AC A CEDADAME	TATEODMARITON	THEM ON	. V .				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,721
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR TITI	E I	I D	ISREGA	ARD - BLIN	1D	AID	CODES 26	6A				
										M	ONI	THLY AVERAC	GE -	
00 ELIGIBLES	USERS	UNITS OF SERV	7ICE	3	E	EXPENDITUR	RES	AVER	AGE COST	UNITS/DAY	S	COST PER	С	COST PER
		OR DAYS OF C						PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	0	C)	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	C)	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	C)				.00		.00	.000		.00		.00
OFFICE VISITS	0	C)				.00		.00	.000		.00		.00
HOME VISITS	0	C)				.00		.00	.000		.00		.00
EMERGENCY ROOM	0	C)				.00		.00	.000		.00		.00
PREVENTIVE CARE	0	C)				.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	C)				.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	C)				.00		.00	.000		.00		.00
INPATIENT VISITS	0	C)				.00		.00	.000		.00		.00
HOSPITAL VISITS	0	C)				.00		.00	.000		.00		.00
CRITICAL CARE	0	C)			•	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	C)				.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	C)				.00		.00	.000		.00		.00
EXAMINATIONS	0	C)				.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	C)				.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	C)				.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	C)				.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	C)				.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	C)				.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	C)				.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	C)				.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	C)				.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	C)				.00		.00	.000		.00		.00
DIALYSIS	0	C)				.00		.00	.000		.00		.00
PATHOLOGY	0	C)				.00		.00	.000		.00		.00
RADIOLOGY	0	C)				.00		.00	.000		.00		.00
PSYCHIATRY	0	C)				.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	C)				.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	C)				.00		.00	.000		.00		.00
@ PHARMACY	0	C)	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	C)				.00		.00	.000		.00		.00
SNF/ICF	0	C)				.00		.00	.000		.00		.00
OUTPATIENTS	0	C)				.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	C)				.00		.00	.000		.00		.00
@DENTIST	0	C)	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	C)				.00		.00	.000		.00		.00
ORAL SURGERY	0	С)			•	.00		.00	.000		.00		.00

DDIICC	0	0	.00	0.0	.000	.00	0.0
DRUGS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		.00			.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ô	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0					
ORTHODONTIC SERVICES	U	U	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	2 2002	PAGE 13,722
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERV	JICES FOR TITLE II	DISREGARD - BLIND	AID CODES 26	6A		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
**		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0		\$.00	\$.00	.000 \$.00	
	0	0	.00	.00	.000	.00	.00
DIAGNOSTIC AND ANC. PROCED	•						
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
	0						
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	· ·	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	ŭ		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	RPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	; 2002	PAGE 13,723
MOP024	FEE-FOR-SERVICE/DENTAL	m	TCDECADD DITAD	ATD CODEC OC	C 7		01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	TITLE II L	DISKEGARD - BLIND	AID CODES 26			28
00 811018180	HORDO INTEGO		EADENDIETES	ATTERNACE COOR	MONT		
00 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OCOMMUNITAL HOODITAL HORAL		OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	·
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	·
LEV A-INTERMEDIATE	0	U	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$		\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
	0	0					.00
RURAL HEALTH CLINIC	· · · · · · · · · · · · · · · · · · ·	•	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 13,724
MOP024	FEE-FOR-SERVICE/DEN				-		01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR TITLE II DIS	REGARD - BLIND	AID CODES 26			
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	U	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	.00
	0	0		.00			
LOCAL EDUCATION AGENCIES	U	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	U	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARATE	INFORMATION ITEM O	NLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE APPROPE	RIATE DETAIL LINES	ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE DE	TAIL LINES ABOVE.					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002	PAGE 13,725
MOP024	FEE-FOR-SERVICE/DENT						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES		REG - DISABLED AT	D CODES 36 66	6C		,,
0101111	COLUMNIC OF CHICATORIO		DIOMODIU AI	.2 00220 00	MONT	HIY AVERAC	E
OO ELICIDIES	HOEDO IINTO	IC OF CEDITOR	EADENDIMIDEC	ATTERACE COCH	INITEC / DAVC		COCH DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

00 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	0	0 \$.00 \$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00 \$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 13,726

01/17/03

MOP024 FEE-FOR-SERVICES AND EXPENDITORES MONTH OF PAIMENT REPORT FOR DAM 2002 THRO DEC 2002

SIERRA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE ------

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	 COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 13,727
MOP024	FEE-FOR-SERVICE/DENTA	AL .					01/17/03
CIEDDA COUMBY	CHMMADY OF CEDUTCEC F	י דד קוחות מסי	TODEC DICADIED AT	ID CODEC 36 66	60		

SIERRA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

Oldiddi COOMii	DOIMING OF BEI	CVIOLD IOIC		LI DIOIG	O DIGHELLE H	ID CODED SO CO	00			
							MON		-	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
LEV B-REGULAR	0		0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU	DEC 2002	PF	AGE 13,728
MOP024	FEE-FOR-SERVICE/DENT								01/17/03
CIEDDA COIMEV	CIIMMADV OF CEDUTOEC	COD TITTE TT I	DICDEC - DICADIED 7	ALD COL	JEG 36 66	60			

SIERRA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

DIDIGIT COONTI	COLUMN OF CHICA	1020 1010 11122 11 21	0112222 111	.D 00DD0 00 00	MON'	THLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
** ======		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
O+ MOMATO THE MUDGE TIMES AND	CTITUM NO N CHUND	A DE TAIDODAGA DECAT EDDAG	○NTT 37 .				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,729

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

SIERRA COUNTY	SUMMARY OF SERV	JICES FOR	TITLE :	II D	ISREGARD - FAMILIES	AID CODE				
							MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS	OF CAR	€		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		Ö		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		Ö		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0									
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	•		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
·	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		-							
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	•		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,730 MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

SIERRA COUNTI	SUMMARI OF SERV	ICES FOR		T DI	SREGARD - FAMILIES		AID CODE	40				
								==:		HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ô	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	0	S AND EXPENDITURES MON					PAGE 13,731
MOP024	FEE-FOR-SERVICE/		VIII OF TATRENT NE.	IONI FON OAN 2	UUZ IIIKU DEC	2002	01/17/03
SIERRA COUNTY		CES FOR TITLE II DISF	PECADO - FAMILIES	AID CODE	16		01/1//03
SIERRA COUNTI	SOMMANT OF SERVE	LES FOR TITLE II DIST	REGARD FAMILIES		MONT	THIV AWERAC	TF
00 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 EDIGIDES	OSEKS	OR DAYS OF CARE	EXIENDITONES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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@STATE HOSPITAL

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@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-OF	-PAYMENT REP	ORT FOR	JAN 2002	2 THRU	DEC	2002	PAG	GE 13 , 732
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARD	- FAMILIES	AID	CODE 46					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .00 DURABLE MED. EQUIP. 0 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OTHER TRANS OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .000 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $^{{\}tt @*}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,733
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

----- MONTHLY AVERAGE -----42 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 13,129.21 \$ 63.73 4.905 \$ 423.52 \$ 312.60 @TOTAL, ALL PROVIDERS 31 206 0 0 .00 \$.00 .000 \$.00 \$ @PHYSICIANS SERVICES .00 .00 0 .00 .000 .00 OUTPATIENT VISITS .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOME VISITS .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .00 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .00 .00 INPATIENT VISITS .00 HOSPITAL VISITS .00 .00 .00 .00 CRITICAL CARE .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS .00 .00 .00 SERVICES AND MATERIALS .00 . 00 . 00 .00 .00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 .00 .000 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .000 .00 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 DIALYSIS .00 0 0 0 77 77 0 .00 .00 PATHOLOGY .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .000 PSYCHIATRY .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION .000 .00 OTHER SERVICES/ALL X-OVERS .00 .00 .000 .00 .00 10,958.31 \$ 142.32 @PHARMACY 1.833 \$ 456.60 \$ 260.91 PRESCRIPTION DRUGS 10,958.31 142.32 1.833 456.60 260.91 0 SNF/ICF .00 .00 .000 .00 .00 24 77 142.32 1.833 456.60 260.91 10,958.31 OUTPATIENTS 0 .00 MEDICAL SUPPLIES .00 .000 .00 .00 .00 .000 \$.00 \$ @ DENTIST .00 \$.00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ORAL SURGERY .00 .00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 .000 RESTORATIVE DENTISTRY .00 .00 .00 .00 PROSTHETICS .00 .00 .000 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 13,734
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD				

MONTHLY AVERAGE	
42 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$	ELIGIBLE
DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00	.00
EYE APPLIANCES 0 0 .00 .00 .00 .00	.00
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00	.00
@CHIROPRACTOR 0 0 \$.00 \$.00 .000 \$.00 \$	
VISITS 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
@PODIATRIST 0 0 \$.00 \$.00 .000 \$.00 \$	
MEDICINE/INJECTIONS 0 0 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	.00
OTHER 0 0 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY 0 0 \$.00 \$.00 \$.00 \$	
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$	
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$	
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
@TOTAL HOSPITAL 5 108 \$ 1,723.35 \$ 15.96 2.571 \$ 344.67 \$	41.03
HOSP INPATIENT TOTAL 1 1 812.00 812.00 .024 812.00	19.33
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00	.00
NON-HSC HOSPITAL TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 1 1 812.00 812.00 .024 812.00	19.33
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 4 107 911.35 8.52 2.548 227.84	21.70
MEDICAL 0 0 0 .00 .00 .00 .00	.00
SURGERY 0 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
ROOM USE 0 0 .00 .00 .00 .00 .00	.00
CROSSOVERS/ALL OTH OUTPTNT 4 107 911.35 8.52 2.548 227.84	21.70
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00	.00
HSC HOSPITALS 0 0 0 .00 .00 .00 .00	.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 .00 .00 .00 .00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REI	PORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 13,735
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	R TITLE II DIS	REGARD				
					MON'	THLY AVERAC	GE
42 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	108 \$	1,723.35	\$ 15.96	2.571 \$	344.67	\$ 41.03
COMM HOSP INPATIENT TOTAL	1	1	812.00	812.00	.024	812.00	19.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON HER HORDTENIC BOERT	^	0	0.0	0.0	0.00	0.0	0.0

42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	108	\$ 1,723.35	\$ 15.96	2.571	344.67	\$ 41.03
COMM HOSP INPATIENT TOTAL	1	1	812.00	812.00	.024	812.00	19.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	812.00	812.00	.024	812.00	19.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	107	911.35	8.52	2.548	227.84	21.70
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	4		107		911.35	,	8.52	2.548		227.84		21.70
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00)	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00)	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00)	.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00	1	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	1	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	1	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	1	.00	.000		.00		.00
LEV B-REGULAR	0		0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00)	.00	.000		.00		.00
ICF DD	0		0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00	1	.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00	1	.00	.000		.00		.00
XO AND OTHERS	0		0		.00	1	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6		6	\$	227.27	\$	37.88	.143	\$	37.88	\$	5.41
CLINIC	0		0		.00)	.00	.000		.00		.00
SURGICENTER	0		0		.00	1	.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00	1	.00	.000		.00		.00
RURAL HEALTH CLINIC	6		6		227.27	1	37.88	.143		37.88		5.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXI	PENDITUR	ES MO	NTH-OF-PAYMENT	REPOR	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 13,736
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	I DIS	SREGARD							
									MONT	HLY AVERA	GE -	
42 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	av.	ERAGE COST	UNITS/DA	YS	COST PER	C	COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELI	G	USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	5		15	\$	220.28	\$	14.69	.357	\$	44.06	\$	5.24

42 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	15 \$	220.28	\$ 14.69	.357 \$	44.06	\$ 5.24
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	3	61.90	20.63	.071	61.90	1.47
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	12		158.38	13.20	.286	39.60	3.77
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	120	\$	1,918.75	\$ 15.99	2.857	\$ 239.84	\$ 45.68
O. H. MOMATO THE MUTUAL TIMES AND CITIES A	0 7 0DD7D7DD	TATEODAYAMETON	T. T. T. 1					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,737
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

1101 02 1	IDD TON BUNNICE											01/1//05
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR IN HC	ME S	UPPORT -	- AGED		AID CODE	18				
								M	ONTE	HLY AVERA	GE	
89 ELIGIBLES	USERS	UNITS OF SERVI	CE	EΣ	PENDITURES :	AVE:	RAGE COST	UNITS/DAY	S C	COST PER	(COST PER
		OR DAYS OF CA	ARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	81	852	\$		32,853.60	\$	38.56	9.573	\$	405.60	\$	369.14
@PHYSICIANS SERVICES	15	32	\$		401.72	\$	12.55	.360	\$	26.78	\$	4.51
OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	15	32			401.72		12.55	.360		26.78		4.51
@PHARMACY	71	559	\$		25,668.42	\$		6.281	\$	361.53	\$	288.41
PRESCRIPTION DRUGS	71	531			24,571.02		46.27	5.966		346.07		276.08
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	71	531			24,571.02		46.27	5.966		346.07		276.08
MEDICAL SUPPLIES	11	28			1,097.40		39.19	.315		99.76		12.33
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00	•	.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000				
ALL OTHER SERVICES	· ·		Ü			. D.O.D.III				.00	_	.00
#CALIF DEPT OF HEALTH SERV			ENDITUR	ES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU I	EC	2002	P	AGE 13,738
MOP024	FEE-FOR-SERVICE		T	arrn.			3.TD GODE	1.0				01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPI	PORT - AGED		AID CODE					
								MC				
89 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS						PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	·	.00	·	.00	.000		.00	•	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0		0	۲	.00	Y	.00	.000	Y	.00	Y	.00
	0		0		.00		.00	.000		.00		
SURGERY/ANES.	0		Ü									.00
RADIO./PATHOLOGY	U		0		.00		.00	.000		.00		.00
OTHER	U		0	_	.00	_	.00	.000	_	.00	_	.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8		44	\$	763.33	\$	17.35	.494	\$	95.42	\$	8.58
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0									
ALL OTHER INPATIENT	0		O		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8		44		763.33		17.35	.494		95.42		8.58
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8		44		763.33		17.35	.494		95.42		8.58
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
-												

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT.		ONTH-OF-PAYMENT RE	SPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 13,739 01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUP	PORT - AGED	AID CODE	18		
					MON'	THLY AVERA	GE
89 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	44 \$	763.33	\$ 17.35	.494 \$	95.42	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	44	763.33	17.35	.494	95.42	8.58
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	44	763.33	17.35	.494	95.42	8.58
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0 \$.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0 3	.00	.00	.000 \$.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00			.00	.00
LEV B-SUBACUTE HSPTL BASED	U	U	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@REHABILITATION FACILITY	0	0	\$	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	5	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	32	53	\$	3	2,191.93	\$	41.36	.596	\$	68.50	\$	24.63
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32	53			2,191.93		41.36	.596		68.50		24.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES	MONTH	H-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 13,740
MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR IN HO	ME S	SUPPORT	- AGED		AID CODE	18				
									MONT	HLY AVERA	GE	
89 ELIGIBLES	USERS	UNITS OF SERVI	CE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS OF CA	RE			PER	R UNIT/DAY	PER ELI	G	USER		ELIGIBLE
@ALL OTHER PROVIDERS	29	164	\$	\$	3,828.20	\$	23.34	1.843	\$	132.01	\$	43.01
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	4			100.00		25.00	.045		33.33		1.12
MEDICAL TRANSPORTATION	1	31			82.48		2.66	.348		82.48		.93
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	1	31			82.48		2.66	.348		82.48		.93
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	129	3,645.72	28.26	1.449	145.83	40.96
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	40	237	\$ 4,930.27	\$ 20.80	2.663	\$ 123.26	\$ 55.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,741
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

SIERRA COUNTY	SUMMARY OF SER	VICES FOR IN HOME S	SUPE	PORT - BLIND		AID CODE	28			
							MON	ITHLY AVERA	AGE	
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	12	159	\$	23,349.71	\$	146.85	13.250	1945.81	\$	1945.81
@PHYSICIANS SERVICES	2	5 \$	\$	25.37	\$	5.07	.417	12.69	\$	2.11
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	2	5		25.37		5.07	.417	12.69		2.11
@PHARMACY	12	68	\$	2,829.12	\$	41.60	5.667	235.76	\$	235.76
PRESCRIPTION DRUGS	12	68		2,829.12		41.60	5.667	235.76		235.76

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	5	41	1,803.20	43.98	3.417	360.64	150.27
OUTPATIENTS	8	27	1,025.92	38.00	2.250	128.24	85.49
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,742
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

PATHOLOGY

12 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 . 00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .000 .00 .00 .00 .00 OTHER .00 .00 .000 \$.00 .00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 \$.00 NURSE MIDWIFE .00 Ś .00 .000 .00 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 \$.00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL .00 .000 .00 MEDICAL .00 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00

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RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES MONTH-	-OF-PAYMENT REPORT	FOR JAN 2002	THRU DE	EC 2002	PAGE 13,743
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	IN HOME SUPPORT	- BLIND	AID CODE 28			
					MON	JTHLY AVERAC	FE

						M	TNO	'HLY AVERA	GE	
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	3	72	\$ 20,072.83	\$	278.79	6.000	\$	6690.94	\$	1672.74
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	3	72	20,072.83		278.79	6.000		6690.94		1672.74
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	8	\$	286.52	\$	35.82	.667	\$	71.63	\$	23.88
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	8		286.52		35.82	.667		71.63		23.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH	-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 13,744
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPPORT	- BLIND		AID CODE	28				

01211111 0001111	00111111111 01 01111	. 1020 1011 111 110112 0011	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1112 0022			
						NTHLY AVERA	
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	6 \$	135.87	\$ 22.65	.500	\$ 45.29	\$ 11.32
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5	125.00	25.00	.417	41.67	10.42
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.87	10.87	.083	10.87	.91
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7 \$	7,541.33	\$ 1077.33	.583	\$ 1508.27	\$ 628.44

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,745 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

					MON	THLY AVERA	GE
84 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	72	646	\$ 86,805.44	\$ 134.37	7.690 \$	1205.63	\$ 1033.40
@PHYSICIANS SERVICES	7	14	\$ 214.19	\$ 15.30	.167 \$	30.60	\$ 2.55
OUTPATIENT VISITS	1	2	58.30	29.15	.024	58.30	.69
OFFICE VISITS	1	2	58.30	29.15	.024	58.30	.69
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
6	12	155.89	12.99	.143	25.98	1.86
60	337 \$	59,851.55	\$ 177.60	4.012	\$ 997.53	\$ 712.52
60	337	59,851.55	177.60	4.012	997.53	712.52
6	90	5,998.40	66.65	1.071	999.73	71.41
55	247	53,853.15	218.03	2.940	979.15	641.11
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000	\$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
					EC 2002	PAGE 13,746
	60 6 55 0 0 0 0 0 0 0 0 0 0	60 337 \$ 60 90 55 90 55 247 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 6 12 155.89 60 337 \$ 59,851.55 60 337 59,851.55 6 90 \$,998.40 55 247 53,853.15 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 <td>0 0 .00 .00 .00 6 12 155.89 12.99 60 337 \$ 59,851.55 \$ 177.60 60 337 59,851.55 177.60 6 90 5,998.40 66.65 55 247 53,853.15 218.03 0 0 .00 .00 0 0 \$.00 .00 0 0 \$.00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0</td> <td>0 0 .00 .00 .00 0 0 .00 .00 .000 6 12 155.89 12.99 .143 60 337 \$ 59,851.55 \$ 177.60 4.012 60 337 \$ 59,851.55 \$ 177.60 4.012 6 90 \$,998.40 66.65 1.071 55 247 \$ 3,853.15 218.03 2.940 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0</td> <td>0 0 .00</td>	0 0 .00 .00 .00 6 12 155.89 12.99 60 337 \$ 59,851.55 \$ 177.60 60 337 59,851.55 177.60 6 90 5,998.40 66.65 55 247 53,853.15 218.03 0 0 .00 .00 0 0 \$.00 .00 0 0 \$.00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0	0 0 .00 .00 .00 0 0 .00 .00 .000 6 12 155.89 12.99 .143 60 337 \$ 59,851.55 \$ 177.60 4.012 60 337 \$ 59,851.55 \$ 177.60 4.012 6 90 \$,998.40 66.65 1.071 55 247 \$ 3,853.15 218.03 2.940 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0	0 0 .00

01/17/03

MOPO24 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

							M	INO	HLY AVERA	GE.	
84 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	5	\$	98.31	\$	19.66	.060	\$	49.16	\$	1.17
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	1	3		42.85		14.28	.036		42.85		.51
OTHER OPTOMETRIC SERVICES	1	2		55.46		27.73	.024		55.46		.66
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	82	\$	3,996.05	\$	48.73		\$	444.01	\$	47.57
HOSP INPATIENT TOTAL	4	25		3,208.00		128.32	.298		802.00		38.19
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

TNDAMTENM CDOCCOVEDC							
INPATIENT CROSSOVERS	4	25	3,208.00	128.32	.298	802.00	38.19
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7	57	788.05	13.83	.679	112.58	9.38
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	7	57	788.05	13.83	.679	112.58	9.38
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0	.00				
TRANSITIONAL IP CARE	0	0		.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,747
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
SIERRA COUNTY		CES FOR IN HOME SUPPO	RT - DISABLED	AID CODE	. 68		, , , , , , , , , , , , , , , , , , , ,
					MON	THLY AVERA	GE
84 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
01 221012220	0.021.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9						
			3 996 05	5 48 73	976 5	444 01	\$ 47 57
-		= .	3,996.05	\$ 48.73	.976 \$		
COMM HOSP INPATIENT TOTAL	4	25	3,208.00	128.32	.298	802.00	38.19
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	4 0		3,208.00	128.32 .00	.298	802.00	38.19 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL		25	3,208.00 .00 .00	128.32 .00 .00	.298 .000 .000	802.00 .00 .00	38.19 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	4 0 0 0	25 0 0 0	3,208.00 .00 .00	128.32 .00 .00	.298 .000 .000	802.00 .00 .00	38.19 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	4 0	25	3,208.00 .00 .00 .00	128.32 .00 .00 .00	.298 .000 .000 .000	802.00 .00 .00 .00	38.19 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	4 0 0 0	25 0 0 0 0 0	3,208.00 .00 .00 .00 .00	128.32 .00 .00 .00 .00	.298 .000 .000 .000 .000	802.00 .00 .00 .00 .00	38.19 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	4 0 0 0	25 0 0 0 0 0 0	3,208.00 .00 .00 .00 .00 .00	128.32 .00 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000	802.00 .00 .00 .00 .00	38.19 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	4 0 0 0	25 0 0 0 0 0 0	3,208.00 .00 .00 .00 .00 .00	128.32 .00 .00 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000	802.00 .00 .00 .00 .00 .00	38.19 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	4 0 0 0	25 0 0 0 0 0 0 0 0	3,208.00 .00 .00 .00 .00 .00 .00 .00	128.32 .00 .00 .00 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .000	802.00 .00 .00 .00 .00 .00 .00	38.19 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	4 0 0 0	25 0 0 0 0 0 0 0 0 25	3,208.00 .00 .00 .00 .00 .00 .00 .00 3,208.00	128.32 .00 .00 .00 .00 .00 .00 .00 128.32	.298 .000 .000 .000 .000 .000 .000 .298	802.00 .00 .00 .00 .00 .00 .00 .00 802.00	38.19 .00 .00 .00 .00 .00 .00 .00 38.19
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	4 0 0 0 0 0 0 0 0 4 0 7	25 0 0 0 0 0 0 0 0 25 0	3,208.00 .00 .00 .00 .00 .00 .00 .00	128.32 .00 .00 .00 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000	802.00 .00 .00 .00 .00 .00 .00	38.19 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	4 0 0 0	25 0 0 0 0 0 0 0 0 25	3,208.00 .00 .00 .00 .00 .00 .00 .00 3,208.00	128.32 .00 .00 .00 .00 .00 .00 .00 128.32	.298 .000 .000 .000 .000 .000 .000 .298	802.00 .00 .00 .00 .00 .00 .00 .00 802.00	38.19 .00 .00 .00 .00 .00 .00 .00 38.19
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	4 0 0 0 0 0 0 0 0 4 0 7	25 0 0 0 0 0 0 0 0 25 0	3,208.00 .00 .00 .00 .00 .00 .00 .00 3,208.00 .00 788.05	128.32 .00 .00 .00 .00 .00 .00 .00 128.32 .00 13.83	.298 .000 .000 .000 .000 .000 .000 .298 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00	38.19 .00 .00 .00 .00 .00 .00 .00 38.19 .00 9.38
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	4 0 0 0 0 0 0 0 0 4 0 7	25 0 0 0 0 0 0 0 0 25 0 57	3,208.00 .00 .00 .00 .00 .00 .00 .00 3,208.00 .00 788.05	128.32 .00 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58	38.19 .00 .00 .00 .00 .00 .00 .00 38.19 .00 9.38
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	4 0 0 0 0 0 0 0 0 4 0 7 0	25 0 0 0 0 0 0 0 0 25 0 57	3,208.00 .00 .00 .00 .00 .00 .00 .00 3,208.00 .00 788.05 .00	128.32 .00 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00	38.19 .00 .00 .00 .00 .00 .00 .00 38.19 .00 9.38 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	4 0 0 0 0 0 0 0 0 4 0 7 0 0	25 0 0 0 0 0 0 0 0 25 0 57 0	3,208.00 .00 .00 .00 .00 .00 .00 3,208.00 .00 788.05 .00 .00	128.32 .00 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00 .00	38.19 .00 .00 .00 .00 .00 .00 .00 38.19 .00 9.38 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	4 0 0 0 0 0 0 0 0 4 0 7 0 0 0	25 0 0 0 0 0 0 0 25 0 57 0 0	3,208.00 .00 .00 .00 .00 .00 .00 3,208.00 .00 788.05 .00 .00	128.32 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00 .00 .00	38.19 .00 .00 .00 .00 .00 .00 .00 38.19 .00 9.38 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	4 0 0 0 0 0 0 0 0 4 0 7 0 0 0	25 0 0 0 0 0 0 0 25 0 57 0 0 0 0	3,208.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	128.32 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00 .00	38.19 .00 .00 .00 .00 .00 .00 .00 38.19 .00 9.38 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	4 0 0 0 0 0 0 0 4 0 7 0 0 0 0 0	25 0 0 0 0 0 0 0 25 0 57 0 0 0	3,208.00 .00 .00 .00 .00 .00 .00 .00 3,208.00 .00 .788.05 .00 .00 .00 .00 .00	128.32 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000 .000 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00 .00 .00	38.19 .00 .00 .00 .00 .00 .00 .00 .38.19 .00 .9.38 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	4 0 0 0 0 0 0 0 4 0 7 0 0 0 0 0 0	25 0 0 0 0 0 0 0 25 0 57 0 0 0 0 0 57	3,208.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	128.32 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000 .000 .000 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00 .00 .00	38.19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	4 0 0 0 0 0 0 0 4 0 7 0 0 0 0 0 0 0 0 0	25 0 0 0 0 0 0 0 25 0 57 0 0 0 0 57 0 0 0 57 0 0 0 0 0 0 0 0 0 0 0 0 0	3,208.00 .00 .00 .00 .00 .00 .00 .00 .00 3,208.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	128.32 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000 .000 .000 .000 .000	802.00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00 .00 .12.58	38.19 .00 .00 .00 .00 .00 .00 .00 38.19 .00 .9.38 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	4 0 0 0 0 0 0 0 4 0 7 0 0 0 0 0 0	25 0 0 0 0 0 0 0 25 0 57 0 0 0 0 0 57	3,208.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	128.32 .00 .00 .00 .00 .00 .00 128.32 .00 13.83 .00 .00 .00 .00	.298 .000 .000 .000 .000 .000 .000 .298 .000 .679 .000 .000 .000 .000	802.00 .00 .00 .00 .00 .00 .00 802.00 .00 112.58 .00 .00 .00 .12.58	38.19 .00 .00 .00 .00 .00 .00 .00 .00 .9.38 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	3	69		17,680.35)	256.24	.821		5893.45		210.48
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	4.37	\$	4.37	.012	\$	4.37	\$.05
PATHOLOGY	1	1		4.37	1	4.37	.012		4.37		.05
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	23	67	\$	3,114.59	\$	46.49	.798	\$	135.42	\$	37.08
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	1	2		192.12		96.06	.024		192.12		2.29
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	22	65		2,922.47	1	44.96	.774		132.84		34.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-C	F-PAYMENT	REPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 13,748
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	DISABLED		AID CODE	68				

SIERNA COUNTI	SUMMANT OF SERV	ICES FOR IN	HOME	SOLLOWI	חחחחטבות		AID CODE	00			
								MON	THLY AVERA	GE	
84 ELIGIBLES	USERS	UNITS OF SE	RVICE	1	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	27	•	71	\$	1,846.03	\$	26.00	.845 \$	68.37	\$ 21.98	
DURABLE MED. EQUIP.	0		0		.00		.00	.000	.00	.00	
BLOOD BANK	0		0		.00		.00	.000	.00	.00	
HEARING AID DISPENSERS	0		0		.00		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0		0		.00		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0		0		.00		.00	.000	.00	.00	
OTHER TRANS	0		0		.00		.00	.000	.00	.00	
OTHER SERVICES	0		0		.00		.00	.000	.00	.00	
ACUPUNCTURE	0		0		.00		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0		0		.00		.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00	.00	
OPTICIAN	1		2		14.68		7.34	.024	14.68	.17	
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00	.00	
PORTABLE X-RAY	0		0		.00		.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000	.00	.00	
PROSTHETICS	0		0		.00		.00	.000	.00	.00	
ORTHOTICS	0		0		.00		.00	.000	.00	.00	
PSYCHOLOGIST	0		0		.00		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0		0		.00		.00	.000	.00	.00	
HOSPICE SERVICES	0		0		.00		.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0		0		.00		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0		0		.00		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0		0		.00		.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0		0		.00		.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0		0		.00		.00	.000	.00	.00	

ALL OTHER PROVIDERS	26	69	1,831.35	26.54	.821	70.44	21.80
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	39	142	\$ 7,956.37	\$ 56.03	1.690	\$ 204.01	\$ 94.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,749
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

SIERRA COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUP	PORT			M	\ T.T.	III	CE	
185 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7 7 7 77		UNITS/DAYS		HLY AVERA	.GEi	
100 FFIGIPLES	USERS	OR DAYS OF CARE		EXPENDITORES		UNIT/DAY)	USER		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	165	1,657	\$	143,008.75	\$	86.31	8.957	¢	866.72	\$	773.02
@PHYSICIANS SERVICES	24	51	\$	641.28	\$	12.57	.276		26.72		3.47
OUTPATIENT VISITS	1	2	Y	58.30	Y	29.15	.011	Y	58.30	Y	.32
OFFICE VISITS	1	2		58.30		29.15	.011		58.30		.32
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	0	0							.00		
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0									
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00			.000		.00		
DIALYSIS	0	0				.00					.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		
PSYCHIATRY	0	0					.000				.00
IMMUNIZATION AND INJECTION	•			.00		.00			.00		.00
OTHER SERVICES/ALL X-OVERS	23 143	49 964	\$	582.98	\$	11.90 91.65	.265	Ċ	25.35	\$	3.15 477.56
@PHARMACY	143	936	Ą	88,349.09	Ą	91.65	5.211	Ş	617.83	Ş	477.56
PRESCRIPTION DRUGS	143			87,251.69 7,801.60		93.22 59.55	5.059 .708		610.15 709.24		471.63
SNF/ICF	134	131									
OUTPATIENTS	134	805 28		79,450.09		98.70	4.351		592.91		429.46
MEDICAL SUPPLIES	0	28	\$	1,097.40	\$	39.19	.151	Ċ	99.76 .00	Ś	5.93
@DENTIST	0		Ą	.00	Ą	.00	.000	Ş		Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	-		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	Ü	•		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	002 THRU DE	C 2002	PAGE 13,750
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	S FOR IN HOME ST	JPPORT				

						MO	CNC	THLY AVERA	GE.	
185 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	5	\$ 98.31	\$	19.66	.027	\$	49.16	\$.53
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	1	3	42.85		14.28	.016		42.85		.23
OTHER OPTOMETRIC SERVICES	1	2	55.46		27.73	.011		55.46		.30
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	126	\$ 4,759.38	\$	37.77	.681	\$	279.96	\$	25.73
HOSP INPATIENT TOTAL	4	25	3,208.00		128.32	.135		802.00		17.34
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	25		3,208.00	128.32	.135	802.00	17.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	101		1,551.38	15.36	.546	103.43	8.39
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	15	101		1,551.38	15.36	.546	103.43	8.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MON'	TH-OF-PAYMENT RE	EPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE 13,751
MOP024	FEE-FOR-SERVICE/DENTAL	L						01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

185 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	126 \$	4,759.38	\$ 37.77	.681 \$	279.96	\$ 25.73
COMM HOSP INPATIENT TOTAL	4	25	3,208.00	128.32	.135	802.00	17.34
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	25	3,208.00	128.32	.135	802.00	17.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	101	1,551.38	15.36	.546	103.43	8.39
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

CHOCCOVERNO, HEE CIH COTTINI		± 0 ±		1,001.00		10.00	.010		100.10		0.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	141	\$	37,753.18	\$	267.75	.762	\$	6292.20	\$	204.07
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	141		37,753.18		267.75	.762		6292.20		204.07
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Ÿ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	0	0	Ċ	.00	\$.00	.000	<u>~</u>	.00	Ċ	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ą	.00	.000	Ş		\$.00
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0	_	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	Ü	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	4.37	\$	4.37	.005	\$	4.37	\$.02
PATHOLOGY	1	1		4.37		4.37	.005		4.37		.02
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	59	128	\$	5 , 593.04	\$	43.70	.692	\$	94.80	\$	30.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		192.12		96.06	.011		192.12		1.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	58	126		5,400.92		42.86	.681		93.12		29.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	002 THRU	DEC	2002	P.	AGE 13,752
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT							
							M	TION!	HLY AVERA	.GE	
185 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	59	241	\$	5,810.10	\$	24.11	1.303	\$	98.48	\$	31.41
DURABLE MED. EQUIP.	0			0.0					.00		.00
BLOOD BANK	U	0		.00		.00	.000		.00		
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
HEARING AID DISFENSERS	•										.00 1.22
MEDICAL TRANSPORTATION	•	0		.00		.00	.000		.00		
	•	0		.00 225.00		.00 25.00	.000		.00 37.50		1.22
MEDICAL TRANSPORTATION	•	0 9 31		.00 225.00 82.48		.00 25.00 2.66	.000 .049 .168		.00 37.50 82.48		1.22 .45
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	0 6 1	0 9 31 0		.00 225.00 82.48 .00		.00 25.00 2.66 .00	.000 .049 .168 .000		.00 37.50 82.48 .00		1.22 .45 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 6 1	0 9 31 0		.00 225.00 82.48 .00 .00		.00 25.00 2.66 .00 .00 2.66	.000 .049 .168 .000 .000		.00 37.50 82.48 .00 .00		1.22 .45 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 6 1	0 9 31 0 0 31		.00 225.00 82.48 .00 .00 82.48		.00 25.00 2.66 .00 .00 2.66 .00	.000 .049 .168 .000 .000 .168		.00 37.50 82.48 .00 .00 82.48		1.22 .45 .00 .00 .45
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 6 1	0 9 31 0 0 31		.00 225.00 82.48 .00 .00 82.48 .00		.00 25.00 2.66 .00 .00 2.66 .00	.000 .049 .168 .000 .000 .168 .000		.00 37.50 82.48 .00 .00 82.48 .00		1.22 .45 .00 .00 .45 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 6 1	0 9 31 0 0 31 0		.00 225.00 82.48 .00 .00 82.48 .00 .00		.00 25.00 2.66 .00 .00 2.66 .00 .00	.000 .049 .168 .000 .000 .168 .000 .000		.00 37.50 82.48 .00 .00 82.48 .00		1.22 .45 .00 .00 .45 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0 6 1 0 0 1 0	0 9 31 0 0 31 0 0		.00 225.00 82.48 .00 .00 82.48 .00 .00		.00 25.00 2.66 .00 .00 2.66 .00 .00	.000 .049 .168 .000 .000 .168 .000 .000		.00 37.50 82.48 .00 .00 82.48 .00 .00		1.22 .45 .00 .00 .45 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 6 1 0 0 1 0	0 9 31 0 0 31 0 0		.00 225.00 82.48 .00 .00 82.48 .00 .00 .00		.00 25.00 2.66 .00 .00 2.66 .00 .00 .00	.000 .049 .168 .000 .000 .168 .000 .000 .000		.00 37.50 82.48 .00 .00 82.48 .00 .00		1.22 .45 .00 .00 .45 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 6 1 0 0 1 0	0 9 31 0 0 31 0 0		.00 225.00 82.48 .00 .00 82.48 .00 .00 .00		.00 25.00 2.66 .00 .00 2.66 .00 .00 .00 .00	.000 .049 .168 .000 .000 .168 .000 .000 .000		.00 37.50 82.48 .00 .00 82.48 .00 .00 .00		1.22 .45 .00 .00 .45 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 6 1 0 0 1 0	0 9 31 0 0 31 0 0		.00 225.00 82.48 .00 .00 82.48 .00 .00 .00 .00		.00 25.00 2.66 .00 .00 2.66 .00 .00 .00 .00 .00 .7.34	.000 .049 .168 .000 .000 .168 .000 .000 .000 .000		.00 37.50 82.48 .00 .00 82.48 .00 .00 .00 .00		1.22 .45 .00 .00 .45 .00 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	0 6 1 0 0 1 0	0 9 31 0 0 31 0 0 0 0 0 0		.00 225.00 82.48 .00 .00 82.48 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0		.00 25.00 2.66 .00 .00 2.66 .00 .00 .00 .00 .00 .00 7.34 .00	.000 .049 .168 .000 .000 .168 .000 .000 .000 .000		.00 37.50 82.48 .00 .00 82.48 .00 .00 .00 .00		1.22 .45 .00 .00 .45 .00 .00 .00 .00
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 6 1 0 0 1 0	0 9 31 0 0 31 0 0		.00 225.00 82.48 .00 .00 82.48 .00 .00 .00 .00		.00 25.00 2.66 .00 .00 2.66 .00 .00 .00 .00 .00 .7.34	.000 .049 .168 .000 .000 .168 .000 .000 .000 .000		.00 37.50 82.48 .00 .00 82.48 .00 .00 .00 .00		1.22 .45 .00 .00 .45 .00 .00 .00 .00

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CROSSOVERS/ALL OTH OUTPINT

ORTHOTICS

SPEECH AND AUDIOLOGY

PSYCHOLOGIST

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8.39

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	52	199	5,487.94	27.58	1.076	105.54	29.66
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	84	386	\$ 20,427.97	\$ 52.92	2.086	\$ 243.19	\$ 110.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,753
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MON	THLY AVERAG	E
291 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	225	2 , 151 \$	165,856.95	\$ 77.11	7.392 \$	737.14	\$ 569.96
@PHYSICIANS SERVICES	18	37 \$	492.00	\$ 13.30	.127 \$	27.33	\$ 1.69
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	18	37	492.00	13.30	.127	27.33	1.69
@PHARMACY	191	1 , 007 \$	56,765.10	\$ 56.37	3.460 \$	297.20	\$ 195.07
PRESCRIPTION DRUGS	191	969	55,411.60	57.18	3.330	290.11	190.42
SNF/ICF	20	51	2,394.55	46.95	.175	119.73	8.23
OUTPATIENTS	174	918	53,017.05	57.75	3.155	304.70	182.19
MEDICAL SUPPLIES	16	38	1,353.50	35.62	.131	84.59	4.65
@DENTIST	1	1 \$	25.00	\$ 25.00	.003 \$	25.00	\$.09
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	25.00	25.00	.003	25.00	.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,754
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC ASSI	STANCE - AGED				

----- MONTHLY AVERAGE -----**USERS** 291 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3 .010 \$ @OPTOMETRIST 65.07 21.69 32.54 .22 \$ 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .010 EYE APPLIANCES 3 65.07 21.69 32.54 .22 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR Ś .00 Ś .00 .000 .00 Ś .00 0 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .000 .00 .00 .00 0 .00 .00 .000 .00 .00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00 0 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 .000 .00 @HOME HEALTH AGENCY .00 \$ \$.00 NURSE ANESTHESIST .00 \$.00 .000 .00 Ś .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$.00 22.71 188.14 21 174 3,950.96 .598 13.58 @TOTAL HOSPITAL 1,682.67 420.67 560.89 5.78 HOSP INPATIENT TOTAL .014 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 . 00 .000 .00 .00 1,682.67 420.67 .014 560.89 5.78 INPATIENT CROSSOVERS .00 .00 .00 .00 0 .000 ALL OTHER INPATIENT 18 170 HOSP OUTPATIENT TOTAL 2,268.29 13.34 .584 126.02 7.79 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PATHOLOGY .000 .00 .00 .00 .00 .00 RADIOLOGY .000 0 .00 .00 .00 .00 ROOM USE .000 2,268.29 126.02 170 13.34 .584 7.79 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL 0 0 .00 \$.00 .000 .00 .00 .00 CO HOSPITAL INPATIENT TOTAL 0 .00 .00 .000 .00

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HSC HOSPITALS

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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	S AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,755
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC ASSIST	TANCE - AGED				
					MON	THLY AVERAG	GE
291 ELIGIBLES	USERS U	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21	174 \$	3 , 950.96	\$ 22.71	.598 \$	188.14	\$ 13.58
COMM HOSP INPATIENT TOTAL	3	4	1,682.67	420.67	.014	560.89	5.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	4	1,682.67	420.67	.014	560.89	5.78
ALL OTHER INPATIENT	0	Ω	.00	.00	.000	.00	.00
	0	O	• 0 0	. 0 0	. 000	• 0 0	• 0 0

COMM HOSP OUTPATIENT TOTAL	18	170		2,268.29		13.34	.584		126.02		7.79
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	18	170		2,268.29		13.34	.584		126.02		7.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ċ	.00
MENTALLY ILL	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	23	425	\$		\$	181.68	1.460	Ś	3357.08	Ś	265.34
LEV A-INTERMEDIATE	0		Ą	77,212.91 .00	Ą	.00	.000	Ą	.00	Ą	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00			.00		
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0									
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	<u>o</u>	0		.00		.00	.000		.00		.00
LEV B-REGULAR	23	425	Ċ	77,212.91	ć	181.68	1.460	ć	3357.08	Ċ	265.34
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	70	137	\$	6,326.99	\$	46.18	.471	\$		\$	21.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	70	137		6,326.99		46.18	.471		90.39		21.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 13,756
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	ASSI	STANCE - AGED							
							3.4	O N T FF	TIT IZ ATITO A	α	

291 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 367 21,018.92 57.27 1.261 \$ 456.93 \$ 72.23 DURABLE MED. EQUIP. 1 1 59.13 59.13 .003 59.13 .20 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 9 HEARING AID DISPENSERS 5,369.97 596.66 .031 1073.99 18.45 MEDICAL TRANSPORTATION 31 82.48 2.66 .107 82.48 .28 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 OTHER TRANS .000 OTHER SERVICES 31 82.48 2.66 .107 82.48 .28 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 170 11,352.40 66.78 .584 1261.38 39.01 .00 .00 .00 GENETIC DISEASE TESTING 0 .00 .000 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 0 .00 .00 .000 OPTICIAN 147.60 16.40 .031 73.80 .51 PHYSICAL THERAPIST .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	187.47	46.87	.014	187.47	.64
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	31	143	3,819.87	26.71	.491	123.22	13.13
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	70	388	\$ 10,947.94	\$ 28.22	1.333	\$ 156.40	\$ 37.62

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SIERRA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,757 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

----- MONTHLY AVERAGE -----22 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 198 27,005.06 136.39 9.000 \$ 1080.20 \$ 1227.50 @TOTAL, ALL PROVIDERS 25 Ś 2 25.37 5.07 .227 \$ 12.69 \$ @PHYSICIANS SERVICES OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOME VISITS EMERGENCY ROOM .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .000 ANESTHESIOLOGIST .00 .00 .00 .00 DIALYSIS .00 .00 .00 .00 .000 PATHOLOGY .00 .00 .000 .00 .00 .00 RADIOLOGY .00 .000 .00 .00 .00 .00 .00 **PSYCHIATRY** .000 .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 .00 OTHER SERVICES/ALL X-OVERS 5 25.37 5.07 .227 12.69 1.15 @PHARMACY 260.16 103 5,723.55 55.57 4.682 \$ 248.85 PRESCRIPTION DRUGS 103 5,723.55 55.57 4.682 248.85 260.16

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	5	41	1,803.20	43.98	1.864	360.64	81.96
OUTPATIENTS	19	62	3 , 920.35	63.23	2.818	206.33	178.20
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 13,758

01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

22 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$ 0 .00 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 @CHIROPRACTOR .00 .00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .00 OTHER SERVICES .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 .00 .00 0 .00 .000 .00 OTHER .00 .00 .000 \$.00 .00 @HOME HEALTH AGENCY NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 .000 NURSE MIDWIFE .00 Ś .00 .00 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 .000 \$ @TOTAL HOSPITAL .00 .00 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .000 .00 HOSP OUTPATIENT TOTAL MEDICAL .00 .00 .000 .00 .00 .000 SURGERY .00 .00 .00 .00 PATHOLOGY .00 .000 .00 .00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 5	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAY	MENT RE	EPORT :	FOR JAN 2	002 THRU DEC	2002	PAGE 13,759
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE - BL	IND					

----- MONTHLY AVERAGE -----22 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL 0 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 72 20,072.83 278.79 3.273 6690.94 912.40 0 .00 .00 LEV A-INTERMEDIATE .00 .000 .00 0 .00 .00 .00 .00 LEV B-REHAB MD .000 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 278.79 LEV B-REGULAR 72 20,072.83 3.273 6690.94 912.40 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

	_	_								
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	12	\$	1,047.44	\$	87.29	.545	\$ 130.93	\$	47.61
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	8	12		1,047.44		87.29	.545	130.93		47.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUF	RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU D	EC 2002	Ε	PAGE 13,760
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSIS	STANCE - BLIND						
							MO	NTHLY AVER	AGE	
22 ELIGIBLES	USERS UNITS O	F SERVICE	C .	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAY:	S OF CARE	C		PER	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	3	6	\$	135.87	\$	22.65	.273	\$ 45.29	\$	6.18
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	3	5		125.00		25.00	.227	41.67		5.68
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.87	10.87	.045	10.87	.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 7,541.33	\$ 1077.33	.318	\$ 1508.27	\$ 342.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,761 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

DIERRE COONII	COLUMN OF CER	VIOLO ION IODLIO	110010	TIMOL DIGITALED				C.T.
							NTHLY AVERA	
890 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	680	13,083	\$	•	\$ 46.80	14.700		
@PHYSICIANS SERVICES	132	454	\$,	\$ 38.29	.510		•
OUTPATIENT VISITS	52	68		2 , 502.17	36.80	.076	48.12	2.81
OFFICE VISITS	35	46		1,609.52	34.99	.052	45.99	1.81
HOME VISITS	1	1		51.60	51.60	.001	51.60	.06
EMERGENCY ROOM	11	11		589.32	53.57	.012	53.57	.66
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	10		251.73	25.17	.011	25.17	.28
INPATIENT VISITS	10	47		1,958.61	41.67	.053	195.86	2.20
HOSPITAL VISITS	10	46		1,837.01	39.94	.052	183.70	2.06
CRITICAL CARE	1	1		121.60	121.60	.001	121.60	.14
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.001	37.15	.04
EXAMINATIONS	1	1		37.15	37.15	.001	37.15	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	33		2,703.64	81.93	.037	386.23	3.04
PRINCIPAL SURGEON	4	6		2,053.42	342.24	.007	513.36	2.31
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	27		650.22	24.08	.030	162.56	.73
OUTPATIENT SURGERY	14	31		2,156.86	69.58	.035	154.06	2.42
PRINCIPAL SURGEON	13	18		1,978.79	109.93	.020	152.21	2.22
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13		178.07	13.70	.015	178.07	.20
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	36	60		884.69	14.74	.067	24.57	.99

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	35	115		4,761.46		41.40	.129		136.04		5.35
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		13.76		13.76	.001		13.76		.02
OTHER SERVICES/ALL X-OVERS	50	98		2,364.18		24.12	.110		47.28		2.66
@PHARMACY	570	4,418	\$	234,493.47	\$	53.08	4.964	\$	411.39	\$	263.48
PRESCRIPTION DRUGS	562	2,365		212,876.43		90.01	2.657		378.78		239.19
SNF/ICF	26	220		16,004.30		72.75	.247		615.55		17.98
OUTPATIENTS	539	2,145		196,872.13		91.78	2.410		365.25		221.20
MEDICAL SUPPLIES	54	2,053		21,617.04		10.53	2.307		400.32		24.29
@DENTIST	16	98	\$	3,751.00	\$	38.28	.110	\$	234.44	\$	4.21
VISITS - DIAGNOSTIC	11	47		595.50		12.67	.053		54.14		.67
ORAL SURGERY	3	22		1,653.00		75.14	.025		551.00		1.86
DRUGS	2	5		37.50		7.50	.006		18.75		.04
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.001		200.00		.22
ENDODONTICS	1	2		35.50		17.75	.002		35.50		.04
RESTORATIVE DENTISTRY	3	11		539.50		49.05	.012		179.83		.61
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.03
DENTURES, STAYPLATES	3	8		660.00		82.50	.009		220.00		.74
SPACE MAINTAINERS	1	1		.00		.00	.001		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S N	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 13,762

FEE-FOR-SERVICE/DENTAL

MOP024

SIERRA COUNTY

01/17/03

----- MONTHLY AVERAGE -----UNITS OF SERVICE 890 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 76 1,617.00 21.28 .085 \$ 67.38 \$ 1.82 24 13 47.45 DIAGNOSTIC AND ANC. PROCED 13 616.85 47.45 .015 .69 EYE APPLIANCES 18 56 905.70 16.17 .063 50.32 1.02 31.48 OTHER OPTOMETRIC SERVICES 94.45 13.49 .008 .11 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 .00 .00 VISITS OTHER SERVICES .00 .000 .00 .00 .00 @PODIATRIST 160.92 53.64 .003 \$ 80.46 .18 0 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 1 SURGERY/ANES. 11.00 11.00 .001 11.00 .01 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 2 149.92 74.96 .002 149.92 .17 @HOME HEALTH AGENCY 476 8,621.27 18.11 .535 \$ 1077.66 9.69 NURSE ANESTHESIST Ω .00 . 00 .000 \$. 00 .00 .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 0 .00 \$.00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 Ś .00 746 .838 @TOTAL HOSPITAL 161 88,880.74 119.14 552.05 99.87 HOSP INPATIENT TOTAL 19 74 64,800.64 875.68 .083 3410.56 72.81 HSC HOSPITALS 19 21,147.00 1113.00 .021 10573.50 23.76 16 33,989.64 2124.35 6797.93 38.19 NON-HSC HOSPITAL TOTAL .018 16 520.08 1664.26 9.35 ACCOMMODATIONS 8,321.32 .018 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 16 8,321.32 520.08 .018 1664.26 9.35 ANCILLARIES 25,668.32 .00 .000 5133.66 28.84

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

INPATIENT CROSSOVERS	12	39	9,664.00	247.79	.044	805.33	10.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	151	672	24,080.10	35.83	.755	159.47	27.06
MEDICAL	23	36	1,505.60	41.82	.040	65.46	1.69
SURGERY	9	13	405.73	31.21	.015	45.08	.46
PATHOLOGY	73	239	2,943.60	12.32	.269	40.32	3.31
RADIOLOGY	43	116	13,168.54	113.52	.130	306.25	14.80
ROOM USE	53	77	3,438.27	44.65	.087	64.87	3.86
CROSSOVERS/ALL OTH OUTPINT	59	191	2,618.36	13.71	.215	44.38	2.94
@COUNTY HOSPITAL TOTAL	3	5 \$	151.11	\$ 30.22	.006	\$ 50.37	\$.17
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	5	151.11	30.22	.006	50.37	.17
MEDICAL	1	1	26.38	26.38	.001	26.38	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	48.20	48.20	.001	48.20	.05
CROSSOVERS/ALL OTH OUTPINT	2	3	76.53	25.51	.003	38.27	.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 13,763
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

SIERRA COUNTI	SOMMAKI OF SEK	VICES FOR	FODLIC	ASSIS	TANCE - DISABLED					
							M	ONTHLY A	JERAGI	E
890 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST	2ER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USE	.3	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	159		741	\$	88,729.63	\$ 119.74	.833	\$ 558	.05	\$ 99.70
COMM HOSP INPATIENT TOTAL	19		74		64,800.64	875.68	.083	3410	.56	72.81
HSC HOSPITALS	2		19		21,147.00	1113.00	.021	10573	.50	23.76
NON-HSC HOSPITALS TOTAL	5		16		33,989.64	2124.35	.018	6797	.93	38.19
ACCOMMODATIONS	5		16		8,321.32	520.08	.018	1664	.26	9.35
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00	.00
ALL OTHER ACCOM	5		16		8,321.32	520.08	.018	1664	.26	9.35
ANCILLARIES	5		0		25,668.32	.00	.000	5133	.66	28.84
INPATIENT CROSSOVERS	12		39		9,664.00	247.79	.044	805	.33	10.86
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	149		667		23,928.99	35.88	.749	160	.60	26.89
MEDICAL	22		35		1,479.22	42.26	.039	67	.24	1.66
SURGERY	9		13		405.73	31.21	.015	45	.08	.46
PATHOLOGY	73		239		2,943.60	12.32	.269	40	.32	3.31
RADIOLOGY	43		116		13,168.54	113.52	.130	306	.25	14.80
ROOM USE	52		76		3,390.07	44.61	.085	65	.19	3.81
CROSSOVERS/ALL OTH OUTPTNT	58		188		2,541.83	13.52	.211	43	.82	2.86
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00 5	.00
MENTALLY ILL	0		0		.00	.00	.000		.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000		.00	.00
@NURSING FACILITY	22		534	\$	99 , 206.61	\$ 185.78	.600	\$ 4509	.39	\$ 111.47
LEV A-INTERMEDIATE	0		0		.00	.00	.000		.00	.00

LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	22	534	99,206.61		185.78	.600		4509.39		111.47
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3 \$	48.95	\$	16.32	.003	\$	48.95	\$.06
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	3	48.95		16.32	.003		48.95		.06
@LABORATORY FACILITY	14	33 \$	110.01	\$	12.69	.037	\$	29.92	\$.47
PATHOLOGY	14	33	418.81		12.69	.037		29.92		.47
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	282	545	58,934.53	\$	108.14	.612	\$	208.99	\$	66.22
CLINIC	1	1	28.35		28.35	.001		28.35		.03
SURGICENTER	1	2	192.12		96.06	.002		192.12		.22
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	281	542	58,714.06		108.33	.609		208.95		65.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	r for Jan	2002 THRU	DEC	2002	PF	AGE 13,764
MOP024	FEE-FOR-SERVICE/DENTA	L								01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----890 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 106 5**,**697 \$ 98,766.70 \$ 17.34 6.401 \$ 931.76 \$ 110.97 14 88 11,414.32 129.71 .099 815.31 12.83 DURABLE MED. EQUIP. 0 0 .000 .00 BLOOD BANK .00 .00 .00 1 1 25.00 HEARING AID DISPENSERS 25.00 .001 25.00 .03 26.33 726.67 MEDICAL TRANSPORTATION 414 10,900.10 .465 12.25 11 392 638.25 AMBULANCES/AIR TRANS 7,020.77 17.91 .00 176.33 .00 67.30 17.91 .440 7.89 Ω 0 .00 .000 .00 .00 OTHER TRANS 3,879.33 .025 775.87 4.36 OTHER SERVICES 0 ACUPUNCTURE .00 .000 .00 .00 4,643.88 ADULT DAY HEALTH CARE CTR .078 663.41 5.22 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 3,449 64,864.51 18.81 3.875 8108.06 72.88 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 .046 OPTICIAN 17 41 460.72 11.24 27.10 .52 PHYSICAL THERAPIST .00 .00 .000 . 00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 904.98 150.83 904.98 1.02 PROSTHETIST/ORTHOTISTS .007 904.98 150.83 904.98 PROSTHETICS .007 1.02 .00 ORTHOTICS .00 .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 .00 .000 .00 .00 HOSPICE SERVICES 0 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 1,091.11 8.33 181.85 131 .147 1.23 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	54	1,498	4,462.08	2.98	1.683	82.63		5.01
@CALIF. CHILDREN SERVICES*	12	183	\$ 18,974.67	\$ 103.69	.206	\$ 1581.22 \$	5	21.32
@XOVER EXCLUDING STATE HOSP**	109	542	\$ 18,340.37	\$ 33.84	.609	\$ 168.26 \$	5	20.61

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,765 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

MONTHLY AVERAGE											
1,134 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@TOTAL, ALL PROVIDERS	547	2,316 \$	204,723.63	\$ 88.40	2.042 \$	374.27	\$ 180.53				
@PHYSICIANS SERVICES	84	201 \$	8,364.22	\$ 41.61	.177 \$	99.57	\$ 7.38				
OUTPATIENT VISITS	42	48	1,777.46	37.03	.042	42.32	1.57				
OFFICE VISITS	22	24	778.89	32.45	.021	35.40	.69				
HOME VISITS	0	0	.00	.00	.000	.00	.00				
EMERGENCY ROOM	19	22	826.50	37.57	.019	43.50	.73				
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00				
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.11				
OTHER OUTPATIENT	1	1	45.76	45.76	.001	45.76	.04				
INPATIENT VISITS	9	19	841.66	44.30	.017	93.52	.74				
HOSPITAL VISITS	9	19	841.66	44.30	.017	93.52	.74				
CRITICAL CARE	0	0	.00	.00	.000	.00	.00				
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00				
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00				
EXAMINATIONS	0	0	.00	.00	.000	.00	.00				
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00				
INPATIENT HOSPITAL SURGERY	6	35	3,143.03	89.80	.031	523.84	2.77				
PRINCIPAL SURGEON	2	3	2,226.85	742.28	.003	1113.43	1.96				
ASSISTANT SURGEON	2	2	373.00	186.50	.002	186.50	.33				
ANESTHESIOLOGIST	3	30	543.18	18.11	.026	181.06	.48				

OUTPATIENT SURGERY	6	14		966.15		69.01		012		161.03		.85
PRINCIPAL SURGEON	5	5		760.88		152.18		004		152.18		.67
ASSISTANT SURGEON	0	0		.00		.00		000		.00		.00
ANESTHESIOLOGIST	2	9		205.27		22.81		800		102.64		.18
DIALYSIS	0	0		.00		.00		000		.00		.00
PATHOLOGY	19	43		598.29		13.91		38		31.49		.53
RADIOLOGY	17	22		400.91		18.22		019		23.58		.35
PSYCHIATRY	0	0		.00		.00		000		.00		.00
IMMUNIZATION AND INJECTION	1	3		24.10		8.03		003		24.10		.02
OTHER SERVICES/ALL X-OVERS	11	17		612.62		36.04		015		55.69		.54
@PHARMACY	238	772	\$	24,910.02	\$	32.27		681	\$	104.66	\$	21.97
PRESCRIPTION DRUGS	236	550		23,995.05		43.63		485		101.67		21.16
SNF/ICF	1	2		13.50		6.75		002		13.50		.01
OUTPATIENTS	235	548		23,981.55		43.76		483		102.05		21.15
MEDICAL SUPPLIES	9	222		914.97		4.12		196		101.66		.81
@DENTIST	12	69	\$	2,216.00	\$	32.12		061	\$	184.67	\$	1.95
VISITS - DIAGNOSTIC	11	42		589.00		14.02		37		53.55		.52
ORAL SURGERY	1	4		311.00		77.75		004		311.00		.27
DRUGS	1	1		15.00		15.00		001		15.00		.01
ANESTHESIA	1	1		100.00		100.00		001		100.00		.09
PERIODONTICS	2	2		55.00		27.50		002		27.50		.05
ENDODONTICS	1	6		426.00		71.00		005		426.00		.38
RESTORATIVE DENTISTRY	2	13		720.00		55.38		011		360.00		.63
PROSTHETICS	0	0		.00		.00		000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES N	MONTH-OF-PAYMENT REE	PORT	FOR JAN	2002 T	HRU	DEC	2002	PA	GE 13,766
MOP024	FEE-FOR-SERVICE/DEN	ITAL										01/17/03

MOPU24 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

AVERAGE COST UNITS/DAYS COST PER COST PER 1,134 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 66 22.91 .058 \$ 68.72 \$ @OPTOMETRIST 1,511.79 47.45 DIAGNOSTIC AND ANC. PROCED 16 16 759.20 47.45 .014 .67 EYE APPLIANCES 16 48 717.18 14.94 .042 44.82 .63 OTHER OPTOMETRIC SERVICES 2 35.41 17.71 .002 17.71 .03 @CHIROPRACTOR 0 0 .00 .00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 0 .00 .00 .00 SURGERY/ANES. .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 104.99 52.50 .002 \$ 104.99 \$.09 .00 .00 Ś .000 \$.00 Ś .00 NURSE ANESTHESIST NURSE MIDWIFE .00 .00 .000 \$.00 .00 .00 0 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .000 \$ \$ 0 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL 346 38,513.60 111.31 .305 \$ 405.41 \$ 33.96 HOSP INPATIENT TOTAL 7 24 24,048.48 1002.02 .021 3435.50 21.21 HSC HOSPITALS .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

NON-HSC HOSPITAL TOTAL	7	24		24,048.48	1	002.02	.021	L	3435.50		21.21
ACCOMMODATIONS	7	24		8,784.04		366.00	.021	L	1254.86		7.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000)	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000)	.00		.00
ALL OTHER ACCOM	7	24		8,784.04		366.00	.021	L	1254.86		7.75
ANCILLARIES	7	0		15,264.44		.00	.000)	2180.63		13.46
INPATIENT CROSSOVERS	0	0		.00		.00	.000)	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000)	.00		.00
HOSP OUTPATIENT TOTAL	91	322		14,465.12		44.92	.284	1	158.96		12.76
MEDICAL	30	39		1,743.73		44.71	.034	1	58.12		1.54
SURGERY	7	10		980.50		98.05	.009	9	140.07		.86
PATHOLOGY	39	136		1,674.47		12.31	.120)	42.94		1.48
RADIOLOGY	29	39		6,938.53		177.91	.034	1	239.26		6.12
ROOM USE	48	56		2,328.28		41.58	.049	9	48.51		2.05
CROSSOVERS/ALL OTH OUTPINT	27	42		799.61		19.04	.03	7	29.62		.71
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000) \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000)	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000)	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000)	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000)	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000)	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000)	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000)	.00		.00
ANCILLARIES	0	0		.00		.00	.000)	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000)	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000)	.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN	2002 THR	J DE	C 2002	PA	GE 13,767
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
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SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

1,134 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	95	346 \$	38 , 513.60	\$ 111.31	.305 \$	405.41	\$ 33.96
COMM HOSP INPATIENT TOTAL	7	24	24,048.48	1002.02	.021	3435.50	21.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	7	24	24,048.48	1002.02	.021	3435.50	21.21
ACCOMMODATIONS	7	24	8,784.04	366.00	.021	1254.86	7.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	24	8,784.04	366.00	.021	1254.86	7.75
ANCILLARIES	7	0	15,264.44	.00	.000	2180.63	13.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	322	14,465.12	44.92	.284	158.96	12.76
MEDICAL	30	39	1,743.73	44.71	.034	58.12	1.54
SURGERY	7	10	980.50	98.05	.009	140.07	.86
PATHOLOGY	39	136	1,674.47	12.31	.120	42.94	1.48
RADIOLOGY	29	39	6,938.53	177.91	.034	239.26	6.12
ROOM USE	48	56	2,328.28	41.58	.049	48.51	2.05

----- MONTHLY AVERAGE -----

CROSSOVERS/ALL OTH OUTPTNT	27	42		799.61		19.04	.037	29.62		.71
@STATE HOSPITAL	5	151	\$	56,519.19	\$	374.30		\$ 11303.84	\$	49.84
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	5	151		56,519.19		374.30	.133	11303.84		49.84
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	9	17	\$	398.96	\$	23.47	.015	\$ 44.33	\$.35
PATHOLOGY	9	17		398.96		23.47	.015	44.33		.35
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	302	451	\$	69,715.82	\$	154.58		\$ 230.85	Ś	61.48
CLINIC	2	3	т	94.41	-T	31.47	.003	47.21	7	.08
SURGICENTER	1	8		274.34		34.29	.007	274.34		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	300	440		69,347.07		157.61	.388	231.16		61.15
			RES	MONTH-OF-PAYMENT R	EPORT				P	AGE 13,768
	FEE-FOR-SERVICE				(LI OI(1 1 010 07110 2	1002 1111(0 1	10 2002		01/17/03
			ASS	ISTANCE - FAMILIES	3					01/1//00
							MC	NTHLY AVER	AGE	
1,134 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ε		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	40	241	\$	2,469.04	\$	10.24	.213	\$ 61.73	\$	2.18
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	7		285.66		40.81	.006	142.83		.25
AMBULANCES/AIR TRANS	2	7		285.66		40.81	.006	142.83		.25
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		55.00		55.00	.001	55.00		.05
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	15	33		301.15		9.13	.029	20.08		.27
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ODMIOMICC	0	0		0.0		0.0	000	0.0		0.0

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HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	20	196	1,716.57	8.76	.173	85.83	1.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	4	110.66	27.67	.004	36.89	.10
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 7.73	\$ 7.73	.001	\$ 7.73	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,769
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

SIERRA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE				
							NTHLY AVERA	
2,337 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,477	17,748	\$	1,009,868.16	\$ 56.90	7.594		432.12
@PHYSICIANS SERVICES	236	697	\$	26,264.11	\$ 37.68	.298		\$ 11.24
OUTPATIENT VISITS	94	116		4,279.63	36.89	.050	45.53	1.83
OFFICE VISITS	57	70		2,388.41	34.12	.030	41.90	1.02
HOME VISITS	1	1		51.60	51.60	.000	51.60	.02
EMERGENCY ROOM	30	33		1,415.82	42.90	.014	47.19	.61
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.000	126.31	.05
OTHER OUTPATIENT	11	11		297.49	27.04	.005	27.04	.13
INPATIENT VISITS	19	66		2,800.27	42.43	.028	147.38	1.20
HOSPITAL VISITS	19	65		2,678.67	41.21	.028	140.98	1.15
CRITICAL CARE	1	1		121.60	121.60	.000	121.60	.05
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.000	37.15	.02
EXAMINATIONS	1	1		37.15	37.15	.000	37.15	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	68		5,846.67	85.98	.029	449.74	2.50
PRINCIPAL SURGEON	6	9		4,280.27	475.59	.004	713.38	1.83
ASSISTANT SURGEON	2	2		373.00	186.50	.001	186.50	.16
ANESTHESIOLOGIST	7	57		1,193.40	20.94	.024	170.49	.51
OUTPATIENT SURGERY	20	45		3,123.01	69.40	.019	156.15	1.34
PRINCIPAL SURGEON	18	23		2,739.67	119.12	.010	152.20	1.17
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	22		383.34	17.42	.009	127.78	.16
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	55	103		1,482.98	14.40	.044	26.96	.63
RADIOLOGY	52	137		5,162.37	37.68	.059	99.28	2.21
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4		37.86	9.47	.002	18.93	.02
OTHER SERVICES/ALL X-OVERS	81	157		3,494.17	22.26	.067	43.14	1.50
@PHARMACY	1,022	6,300	\$	321,892.14	\$ 51.09	2.696	\$ 314.96	\$ 137.74
PRESCRIPTION DRUGS	1,012	3 , 987		298,006.63	74.74	1.706	294.47	127.52
SNF/ICF	52	314		20,215.55	64.38	.134	388.76	8.65
OUTPATIENTS	967	3 , 673		277,791.08	75.63	1.572	287.27	118.87
MEDICAL SUPPLIES	79	2,313		23,885.51	10.33	.990	302.35	10.22
@DENTIST	29	168	\$	5,992.00	\$ 35.67	.072	\$ 206.62	\$ 2.56
VISITS - DIAGNOSTIC	22	89		1,184.50	13.31	.038	53.84	.51
ORAL SURGERY	4	26		1,964.00	75.54	.011	491.00	.84

DRUGS	3	6		52.50	8.75	.003		L7.50		.02
ANESTHESIA	1	1		100.00	100.00	.000	10	00.00		.04
PERIODONTICS	3	3		255.00	85.00	.001	8	35.00		.11
ENDODONTICS	2	8		461.50	57.69	.003	23	30.75		.20
RESTORATIVE DENTISTRY	5	24		1,259.50	52.48	.010	25	51.90		.54
PROSTHETICS	1	1		30.00	30.00	.000		30.00		.01
DENTURES, STAYPLATES	4	9		685.00	76.11	.004	1	71.25		.29
SPACE MAINTAINERS	1	1		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU I	DEC 200)2	PI	AGE 13,770
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE						
						MC	NTHLY	AVERA	.GE -	
2,337 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			r per		COST PER
		OR DAYS OF CARE			PER UNIT/DAY			SER		ELIGIBLE
@OPTOMETRIST	48	145	\$	3,193.86	\$ 22.03	.062		56.54	\$	1.37
DIAGNOSTIC AND ANC. PROCED	29	29		1,376.05	47.45			17.45		.59
EYE APPLIANCES	36	107		1,687.95	15.78	.046		16.89		.72
OTHER OPTOMETRIC SERVICES	5	9		129.86	14.43	.004		25.97		.06
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	2	3	\$	160.92	\$ 53.64	.001	\$ 8	30.46	\$.07
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	1	1		11.00	11.00	.000		L1.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	1	2		149.92	74.96	.001		19.92		.06
@HOME HEALTH AGENCY	9	478	\$	8,726.26	\$ 18.26		-	59.58		3.73
NURSE ANESTHESIST	^	0	<u>~</u>	.00	\$.00	.000	\$.00	Ś	.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	277	1,266	\$	131,345.30	\$	103.75	.542	\$	474.17	\$	56.20
HOSP INPATIENT TOTAL	29	102		90,531.79		887.57	.044		3121.79		38.74
HSC HOSPITALS	2	19		21,147.00		1113.00	.008		10573.50		9.05
NON-HSC HOSPITAL TOTAL	12	40		58,038.12		1450.95	.017		4836.51		24.83
ACCOMMODATIONS	12	40		17,105.36		427.63	.017		1425.45		7.32
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	40		17,105.36		427.63	.017		1425.45		7.32
ANCILLARIES	12	0		40,932.76		.00	.000		3411.06		17.52
INPATIENT CROSSOVERS	15	43		11,346.67		263.88	.018		756.44		4.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	260	1,164		40,813.51		35.06	.498		156.98		17.46
MEDICAL	53	75		3,249.33		43.32	.032		61.31		1.39
SURGERY	16	23		1,386.23		60.27	.010		86.64		.59
PATHOLOGY	112	375		4,618.07		12.31	.160		41.23		1.98
RADIOLOGY	72	155		20,107.07		129.72	.066		279.26		8.60
ROOM USE	101	133		5,766.55		43.36	.057		57.09		2.47
CROSSOVERS/ALL OTH OUTPINT	104	403		5,686.26		14.11	.172		54.68		2.43
@COUNTY HOSPITAL TOTAL	3	5	\$	151.11	\$	30.22	.002	\$	50.37	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	5		151.11		30.22	.002		50.37		.06
MEDICAL	1	1		26.38		26.38	.000		26.38		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		48.20		48.20	.000		48.20		.02
CROSSOVERS/ALL OTH OUTPINT	2	3		76.53		25.51	.001		38.27		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	SN	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 13,771

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

----- MONTHLY AVERAGE -----2,337 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 275 .540 \$ 477.07 \$ @COMMUNITY HOSPITAL TOTAL 1,261 131,194.19 \$ 104.04 56.14 29 102 COMM HOSP INPATIENT TOTAL 90,531.79 887.57 .044 3121.79 38.74 2 .008 HSC HOSPITALS 19 21,147.00 1113.00 10573.50 9.05 NON-HSC HOSPITALS TOTAL 12 40 58,038.12 1450.95 4836.51 24.83 .017 12 40 427.63 ACCOMMODATIONS 17,105.36 .017 1425.45 7.32 0 0 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 12 40 427.63 1425.45 ALL OTHER ACCOM 17,105.36 .017 7.32 ANCILLARIES 12 0 40,932.76 .00 .000 3411.06 17.52 15 .018 INPATIENT CROSSOVERS 43 11,346.67 263.88 756.44 4.86 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00

01/17/03

	0.50									
COMM HOSP OUTPATIENT TOTAL	258	1,159		40,662.40	35.08	.496		157.61		17.40
MEDICAL	52	74		3,222.95	43.55			61.98		1.38
SURGERY	16	23		1,386.23	60.27			86.64		.59
PATHOLOGY	112	375		4,618.07	12.31			41.23		1.98
RADIOLOGY	72	155		20,107.07	129.72	.066		279.26		8.60
ROOM USE	100	132		5,718.35	43.32	.056		57.18		2.45
CROSSOVERS/ALL OTH OUTPINT		400		5 , 609.73	14.02	.171		54.46		2.40
@STATE HOSPITAL	5	151	\$	56,519.19	\$ 374.30	.065	\$	11303.84	\$	24.18
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	5	151		56,519.19	374.30	.065		11303.84		24.18
@NURSING FACILITY	48	1,031	\$	196,492.35	\$ 190.58	.441	\$	4093.59	\$	84.08
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	48	1,031		196,492.35	190.58	.441		4093.59		84.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	48.95	\$ 16.32	.001	\$	48.95	\$.02
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	1	3		48.95	16.32	.001		48.95		.02
@LABORATORY FACILITY	23	50	\$	817.77	\$ 16.36	.021	\$	35.56	\$.35
PATHOLOGY	23	50		817.77	16.36	.021		35.56		.35
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	662	1,145	\$	136,024.78	\$ 118.80	.490	\$		\$	58.20
CLINIC	3	. 4		122.76	30.69	.002		40.92		.05
SURGICENTER	2	10		466.46	46.65	.004		233.23		.20
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	659	1,131		135,435.56				205.52		57.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES				DEC	C 2002	PI	AGE 13,772
MOP024	FEE-FOR-SERVICE/DENTAL		-							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO		C ASS	ISTANCE						, , ,
			-	-		N	rnor	THLY AVERA	GE -	

2,337 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 195 6,311 122,390.53 19.39 2.700 \$ 627.64 \$ 52.37 128.92 DURABLE MED. EQUIP. 15 89 11,473.45 .038 764.90 4.91 BLOOD BANK Ω Ω .00 .00 .000 .00 .00 5,519.97 HEARING AID DISPENSERS 15 368.00 .006 613.33 2.36 MEDICAL TRANSPORTATION 18 452 11,268.24 24.93 .193 626.01 4.82 AMBULANCES/AIR TRANS 13 399 7,306.43 18.31 .171 562.03 3.13 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES 53 3,961.81 74.75 .023 660.30 1.70 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 16 239 15,996.28 66.93 .102 999.77 6.84 1 55.00 55.00 .000 55.00 GENETIC DISEASE TESTING 1 .02 3,449 64,864.51 18.81 1.476 8108.06 27.76 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .000 .00 .00 .00 .00 34 83 OPTICIAN 909.47 10.96 .036 26.75 .39 .00 PHYSICAL THERAPIST .00 .000 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6	904.98	150.83	.003	904.98	.39
PROSTHETICS	1	6	904.98	150.83	.003	904.98	.39
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	187.47	46.87	.002	187.47	.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	26	327	2,807.68	8.59	.140	107.99	1.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	89	1,646	8,403.48	5.11	.704	94.42	3.60
@CALIF. CHILDREN SERVICES*	12	183	\$ 18,974.67	\$ 103.69	.078	\$ 1581.22	\$ 8.12
@XOVER EXCLUDING STATE HOSP**	185	938	\$ 36,837.37	\$ 39.27	.401	\$ 199.12	\$ 15.76

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,773 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

SIERRA COUNTI	SUMMARI OF SER	VICES FOR MN - NO SC	C - AGED	AID CODE 14 IH	10		
					MON	THLY AVERA	GE
98 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	56	329 \$	29,382.67		3.357 \$	524.69	\$ 299.82
@PHYSICIANS SERVICES	7	8 \$	219.41	\$ 27.43	.082 \$	31.34	\$ 2.24
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	8	219.41	27.43	.082	31.34	2.24
@PHARMACY	41	107 \$	6,153.63	\$ 57.51	1.092 \$	150.09	\$ 62.79
PRESCRIPTION DRUGS	41	107	6,153.63	57.51	1.092	150.09	62.79

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	1	5	115.52	2 23.1	0 .051	115	52	1.1	8
OUTPATIENTS	41	102	6,038.11			147		61.6	
MEDICAL SUPPLIES	0	0	.00				.00	.0	
@DENTIST	1	1	\$ 25.00					\$.2	
VISITS - DIAGNOSTIC	1	1	25.00	•			.00	.2	
ORAL SURGERY	0	0	.00				.00	.0	
DRUGS	0	0	.00				.00	. 0	
ANESTHESIA	0	0	.00				.00	.0	
PERIODONTICS	0	0	.00				.00	. 0	
ENDODONTICS	0	0	.00	.0	0 .000		.00	.0	0
RESTORATIVE DENTISTRY	0	0	.00	.0	0 .000		.00	.0	0
PROSTHETICS	0	0	.00	.0	0 .000		.00	.0	0
DENTURES, STAYPLATES	0	0	.00	.0	0 .000		.00	.0	0
SPACE MAINTAINERS	0	0	.00	.0	0 .000		.00	.0	0
MAXILLOFACIAL SERVICES	0	0	.00	.0	0 .000		.00	.0	0
FRACTURES, DISLOCATIONS	0	0	.00	.0	0 .000		.00	.0	0
ORTHODONTIC SERVICES	0	0	.00	.0	0 .000		.00	.0	0
ALL OTHER SERVICES	0	0	.00	.0	0 .000		.00	.0	0
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR J	AN 2002 THRU	DEC 2002		PAGE 13,	774
MOP024	FEE-FOR-SERVICE	DENTAL						01/17	//03
SIERRA COUNTY	SUMMARY OF SERVI	ICES FOR MN - NO	SOC - AGED	AID CODE 14	1H 1U				
						MONTHLY A			-
98 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	NUFPACE C	OST UNITS/DA	YS COST	PER	COST PE	lR
30 EHIGIDHES	USEKS		EAFENDIIONES						
		OR DAYS OF CARE		PER UNIT/	DAY PER ELI	G USE	R	ELIGIBL	Ε
@OPTOMETRIST	0	OR DAYS OF CARE 0	\$.00	PER UNIT/ \$.0	DAY PER ELICO .000	G USE	R .00	ELIGIBL \$.0	E 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0	OR DAYS OF CARE 0 0	\$.00	PER UNIT/) \$.0) .0	DAY PER ELICO .000	G USE \$	R .00 .00	\$ ELIGIBL \$.0	E 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0 0	OR DAYS OF CARE 0 0 0	\$.00	PER UNIT/ 0 \$.0 0 .0	DAY PER ELI 0 .000 0 .000 0 .000	G USE \$	R .00 .00	* ELIGIBL \$.0 .0 .0	E 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0	\$.00	PER UNIT/ 0 \$.0 0 .0 0 .0	DAY PER ELI 0 .000 0 .000 0 .000 0 .000	G USE \$	R .00 .00 .00	\$.0 .0 .0 .0	E 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0	\$.00 .00 .00 .00 \$.00	PER UNIT/ \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0	DAY PER ELI' 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$	R .00 .00 .00	\$.0 .0 .0 .0 .0 .0	E 00 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 \$.00	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0	DAY PER ELI' 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$	R .00 .00 .00 .00	\$.0 .0 .0 .0 .0 .0 .0	E 00 00 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 \$.00 \$.00	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0 0 .0 0	DAY PER ELT 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$	R .00 .00 .00 .00 .00	\$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0	E 00 00 00 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 \$.00 \$.00 \$.00	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0	DAY PER ELT 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$	R .00 .00 .00 .00 .00	\$.00 .00 .00 \$.00 \$.00 \$.00	E 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 \$.00 \$.00 \$.00	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0	DAY PER ELT 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$ \$	R .00 .00 .00 .00 .00 .00	\$.00 .00 .00 \$.00 \$.00 \$.00 \$.00	DE 00 00 00 00 00 00 00 00 00 00 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 \$.00 \$.00 \$.00 .00	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0	DAY PER ELT 0 .000 0 .000	G USE \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 \$.00	DE 000000000000000000000000000000000000
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 \$.00 \$.00 \$.00 .00 .00	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0	DAY PER ELT 0 .000 0 .000	G USE \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00	DE 100 100 100 100 100 100 100 100 100 10
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 \$.00 \$.00 \$.00 .00 .00 .00 .00	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 .0 0	DAY PER ELT 0 .000 0 .000	G USE \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00	DE 100 000 000 000 000 000 000 000 000 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.000 .000 \$.000 \$.000 \$.000 .000 .0	PER UNIT/ 0 \$.0 0 .0 0 .0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0 0 \$.0	DAY PER ELT 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$ \$	R .000 .000 .000 .000 .000 .000 .000 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 \$.00	JE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.000 .000 \$.000 \$.000 \$.000 .000 .0	PER UNIT/	DAY PER ELT 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$ \$ \$	R .000 .000 .000 .000 .000 .000 .000 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 .00 .00 .00 \$.00 \$.00	JE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.000 .000 \$.000 \$.000	PER UNIT/ \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0	DAY PER ELT 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	G USE \$ \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	JE 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.000 .000 \$.000 \$.0	PER UNIT/ \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0	DAY PER ELT 0 .000	G USE \$ \$ \$ \$ \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	JE 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.000 .000 \$.000 \$.0	PER UNIT/ \$.0 0 .0 0 .0 0 \$.	DAY PER ELT 0 .000	G USE \$ \$ \$ \$ \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	JE 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 \$.00 \$	PER UNIT/ \$.0 0 .0 0 .0 0 \$.	DAY PER ELT 0 .000	G USE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00	JE 00 00 00 00 00 00 00 00 00 00 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 \$.00 \$	PER UNIT/ \$.0 0 .0 0 .0 0 .0 0 \$.0 0 .0 0 \$.0 0 .0 0	DAY PER ELT 0 .000	G USE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JE 00 00 00 00 00 00 00 00 00 00 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 \$.00 \$	PER UNIT/ \$.0 0 .0 0 .0 0 .0 0 \$.0 0 \$.0 0 .0 0	DAY PER ELT 0 .000	G USE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JE 00 00 00 00 00 00 00 00 00 00 00 00 00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 \$.00 \$	PER UNIT/ \$.0 0 .0 0 .0 0 .0 0 \$.0 0 .0 0 \$.0 0 .0 0	DAY PER ELT 0	G USE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ 758	R .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	JE 00 00 00 00 00 00 00 00 00 00 00 00 00

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162.62

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9.96

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7.74

ADMINISTRATIVE DAYS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

TRANSITIONAL IP CARE

0

0

0

0

1

0

6

0

0

0

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
6	33	975.72	29.57	.337	162.62	9.96
0	0 \$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND	EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 13,775
						01/17/03
SUMMARY OF SERVICES FO	OR MN - NO SOC -	- AGED	AID CODE 14 1H	1U		
		EXPENDITURES				COST PER
OR DA	AYS OF CARE					ELIGIBLE
7	41 \$	•	•	•		•
1	8					7.74
0	0					.00
0	0					.00
0	0	.00	.00	.000	.00	.00
	FEE-FOR-SERVICE/DENTAI SUMMARY OF SERVICES FO USERS UNITS	6 33 0 0 \$ 0 0 \$ 0 0 0 TEE-FOR-SERVICES AND EXPENDITURES MONTEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICE FOR MN - NO SOC - USERS UNITS OF SERVICE OR DAYS OF CARE 7 41 \$	0 0 0 .00 6 33 975.72 0 0 \$.00 0 0 \$.00 0 0 0 0	0	0	0

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	8		758.13		94.77	.082		758.13		7.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	33		975.72		29.57	.337		162.62		9.96
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0					.000				
PATHOLOGY	0			.00		.00			.00		.00
RADIOLOGY	U	0		.00		.00	.000		.00		.00
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	6	33		975.72		29.57	.337		162.62		9.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	5	107	\$	18,980.41	\$	177.39	1.092	\$	3796.08	\$	193.68
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	5	107		18,980.41		177.39	1.092		3796.08		193.68
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0	-	.00	-7	.00	.000	4	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Υ	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
-	0	0	Ą		Ą			Ą		Ą	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	U	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	19	23	\$	1,457.42	Ş	63.37	.235	\$	76.71	Ş	14.87
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	23		1,457.42		63.37	.235		76.71		14.87
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU	DEC	2002	Ρž	AGE 13,776
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR MN - N	o soc	- AGED	AID C	ODE 14 1H	1U				
									HLY AVERA	GE ·	
98 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR			PEF	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	42	\$	812.95	\$	19.36	.429	\$	162.59	\$	8.30
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		694.73		231.58	.031		231.58		7.09
MEDICAL TRANSPORTATION	1	37		92.14		2.49	.378		92.14		.94
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	37		92.14		2.49	.378		92.14		.94
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.020	26.08	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	15	79	\$ 2,164.27	\$ 27.40	.806	\$ 144.28	\$ 22.08

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,777 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2002 THRU DEC	2002	PAGE 13,778

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

DIDIGGI COCKII	DOIMMING OF DELL	VIOLO IOIC III		DITIND		TITD CODE	2 1				
							MO	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF	CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0	.00		.00	.000		.00		.00
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0	.00		.00	.000		.00		.00
ANCILLARIES	0		0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.000	.00	.00
SURGERY	0	0	.00				
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	O .	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		NTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 13,779
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR MN - NO SOC	- BLIND	AID CODE			
					MONT		
00 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		AYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00

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ROOM USE

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

CROSSOVERS/ALL OTH OUTPTNT

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDIN	IG 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN 20	002 THRU	DEC 20	002	PA	GE 13,780
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	: - BLIND		AID CODE 2	2.4				
						-	Mo	ZIHTNC	/ AVERA	GE -	
00 ELIGIBLES	USERS UNI	TS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST U	JNITS/DAY:	S COS	ST PER	С	OST PER
	OF	R DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	J	JSER	E	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
DI COD DINII	0			0.0		0.0	000		0.0		0.0

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BLOOD BANK

MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00	$\cap \cap$
OTHER TRANS 0 0 .00 .00 .00 .00	. 00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 .00 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,781
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 96 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 418 22,553.08 53.95 265.33 \$ 234.93 85 \$ 4.354 \$ 201.96 22.44 \$ @PHYSICIANS SERVICES 9 16 \$ \$ 12.62 .167 \$ 2.10 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .000 CRITICAL CARE .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	9	16		201.96		12.62	.167		22.44		2.10
@PHARMACY	75	263	\$	16,025.67	\$	60.93	2.740	\$	213.68	\$	166.93
PRESCRIPTION DRUGS	75	263		16,025.67		60.93	2.740		213.68		166.93
SNF/ICF	1	2		92.10		46.05	.021		92.10		.96
OUTPATIENTS	74	261		15,933.57		61.05	2.719		215.32		165.97
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	1	9	\$	91.00	\$	10.11	.094	\$	91.00	\$.95
VISITS - DIAGNOSTIC	1	9		91.00		10.11	.094		91.00		.95
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PP	AGE 13,782
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR MN - NO	SOC .	- DISABLED 64 6	6G 6H	6U 6V 6X	K 8G				

								·		
96 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	2	6	\$	106.22	\$	17.70	.063	\$	53.11	\$ 1.11
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	.00
EYE APPLIANCES	2	6		106.22		17.70	.063		53.11	1.11
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	52	\$	707.15	\$	13.60	.542	\$	78.57	\$ 7.37
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	9	52		707.15	13.60	.542	78.57		7.37
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		18.06	.00	.000	.00		.19
RADIOLOGY	1	1		129.12	129.12	.010	129.12		1.35
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	8	51		559.97	10.98	.531	70.00		5.83
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	-	RES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DI	EC 2002	PA	AGE 13,783
MOP024	FEE-FOR-SERVICE/								01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC ·	- DISABLED 64	6G 6H 6U 6V 6X				
			_				NTHLY AVERA		
96 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
OCOMMUNITARY HOODITERS TO TOTAL	0	OR DAYS OF CAR		707 15	PER UNIT/DAY	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	52	\$	707.15	\$ 13.60	.542	\$ 78.57	Þ	7.37

				1101.		
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
9	52 \$	707.15	\$ 13.60	.542 \$	78.57	\$ 7.37
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
9	52	707.15	13.60	.542	78.57	7.37
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	18.06	.00	.000	.00	.19
1	1	129.12	129.12	.010	129.12	1.35
0	0	.00	.00	.000	.00	.00
	USERS 9 0 0 0 0 0 0 0 0 0 0 0 1 0	OR DAYS OF CARE	OR DAYS OF CARE 9	OR DAYS OF CARE PER UNIT/DAY 9 52 \$ 707.15 \$ 13.60 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 <t< td=""><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG 9 52 \$ 707.15 \$ 13.60 .542 \$ 0 0 .00 .00 .00 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .00 .00</td><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 9 52 \$ 707.15 \$ 13.60 .542 \$ 78.57 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00</td></t<>	OR DAYS OF CARE PER UNIT/DAY PER ELIG 9 52 \$ 707.15 \$ 13.60 .542 \$ 0 0 .00 .00 .00 .000 .000 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .00 .00	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 9 52 \$ 707.15 \$ 13.60 .542 \$ 78.57 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .000 .000 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

CROSSOVERS/ALL OTH OUTPINT	8	51		559.97		10.98	.531		70.00		5.83
@STATE HOSPITAL	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т.	.00		.00	.000	- 1	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т.	.00		.00	.000	- 1	.00	-	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	Ś	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	29	56	Ś	4,193.05		74.88	.583	Ś	144.59	Ś	43.68
CLINIC	1	1	т.	42.46		42.46	.010	- 1	42.46	-	.44
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	28	55		4,150.59		75.47	.573		148.24		43.24
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	RES M					DEC		E	PAGE 13,784
MOP024	FEE-FOR-SERVICE										01/17/03
SIERRA COUNTY		, VICES FOR MN - NC	SOC	- DISABLED 64	6G 6I	4 6U 6V 6X	8G				, , , , , , , , , , , , , , , , , , , ,
								ONT	HLY AVERA	GE	
96 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG	;	USER		ELIGIBLE
@ALL OTHER PROVIDERS	10	16	\$	1,228.03	\$	76.75	.167	\$	122.80	\$	12.79
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	4		647.76		161.94	.042		323.88		6.75
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00

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OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

OPTICIAN

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	8		528.11	66.01	.083	88.02	5.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	21	75	\$	1,290.04	\$ 17.20	.781	\$ 61.43	\$ 13.44
Q+ MOMATO THE MURCH TIMES ARE CIVEN		TATEODAGAETOAT	THEM C	NIT IZ -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,785 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

						MOI	NTHLY AVERA	GE
1,682 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	712	3,662	\$	260,027.37	\$ 71.01	2.177	\$ 365.21	\$ 154.59
@PHYSICIANS SERVICES	172	645	\$	30,310.73	\$ 46.99	.383	\$ 176.23	\$ 18.02
OUTPATIENT VISITS	81	122		5,673.04	46.50	.073	70.04	3.37
OFFICE VISITS	54	63		2,410.96	38.27	.037	44.65	1.43
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	29	45		2,248.35	49.96	.027	77.53	1.34
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	13		983.73	75.67	.008	196.75	.58
OTHER OUTPATIENT	1	1		30.00	30.00	.001	30.00	.02
INPATIENT VISITS	15	52		3,797.09	73.02	.031	253.14	2.26
HOSPITAL VISITS	13	41		1,795.71	43.80	.024	138.13	1.07
CRITICAL CARE	2	11		2,001.38	181.94	.007	1000.69	1.19
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		47.11	47.11	.001	47.11	.03

EXAMINATIONS	1	1		47.11	47.11	.001		47.11		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	18	166		8,790.42	52.95	.099		488.36		5.23
PRINCIPAL SURGEON	10	12		5,968.14	497.35	.007		596.81		3.55
ASSISTANT SURGEON	2	2		374.96	187.48	.001		187.48		.22
ANESTHESIOLOGIST	12	152		2,447.32	16.10	.090		203.94		1.46
OUTPATIENT SURGERY	27	59		5,473.81	92.78			202.73		3.25
PRINCIPAL SURGEON	23	31		4,743.58	153.02			206.24		2.82
ASSISTANT SURGEON	2	2		160.28	80.14	.001		80.14		.10
ANESTHESIOLOGIST	4	26		569.95	21.92			142.49		.34
DIALYSIS	0	0		.00	.00			.00		.00
PATHOLOGY	45	82		2,032.28	24.78	.049		45.16		1.21
RADIOLOGY	47	89		2,375.26	26.69	.053		50.54		1.41
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	5		36.49	7.30	.003		18.25		.02
OTHER SERVICES/ALL X-OVERS	29	69		2,085.23	30.22	.041		71.90		1.24
@PHARMACY	343	818	\$	39,453.31	\$ 48.23	.486	\$	115.02	\$	23.46
PRESCRIPTION DRUGS	343	815		39,279.91	48.20	.485		114.52		23.35
SNF/ICF	14	48		3,450.81	71.89	.029		246.49		2.05
OUTPATIENTS	330	767		35,829.10	46.71	.456		108.57		21.30
MEDICAL SUPPLIES	1	3		173.40	57.80	.002		173.40		.10
@DENTIST	20	95	\$	2,214.00	\$ 23.31	.056	\$	110.70	\$	1.32
VISITS - DIAGNOSTIC	15	62		1,077.00	17.37	.037		71.80		.64
ORAL SURGERY	3	9		204.00	22.67	.005		68.00		.12
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	1	1		260.00	260.00	.001		260.00		.15
RESTORATIVE DENTISTRY	5	20		463.00	23.15	.012		92.60		.28
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		210.00	70.00	.002		70.00		.12
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUE	RES MO	ONTH-OF-PAYMENT RE	PORT FOR JA	N 2002 THRU	DEC	2002	PF	AGE 13,786
MOP024	FEE-FOR-SERVICE/DENT	AL								01/17/03
OTEDDA COMMEN	CINDARDI OF CERTIFICES	EOD 101 110 01		4 04 00 0M 0T T	4 FO FT F	E11 C T				

DIENGE COUNTY	DOIMMING OF DELL	(11000 101(111(1100	,00 111	11 01 00 010 01 00 .	0 1 0 2	, 00 011 01	00				
							M	ON	THLY AVERA	GE	
1,682 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	27	79	\$	2,088.87	\$	26.44	.047	\$	77.37	\$	1.24
DIAGNOSTIC AND ANC. PROCED	22	22		1,019.04		46.32	.013		46.32		.61
EYE APPLIANCES	20	55		1,034.42		18.81	.033		51.72		.61
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.001		17.71		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	7	\$	455.21	\$	65.03	.004	\$	227.61	\$.27
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

SIERRA COUNTY

NURSE MIDWIFE	0	0 \$;	.00	\$.00	.00	0	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$;	.00	\$.00	.00	0	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$;		\$.00	.00			.00	\$.00
@TOTAL HOSPITAL	176	819 \$;		\$	112.93	.48	7	\$	525.52	\$	54.99
HOSP INPATIENT TOTAL	14	57		71,829.71		1260.17	.03			5130.69		42.70
HSC HOSPITALS	2	7		4,900.00		700.00	.00	4		2450.00		2.91
NON-HSC HOSPITAL TOTAL	11	46				1437.78	.02	7		6012.52		39.32
ACCOMMODATIONS	11	46		16,768.51		364.53	.02			1524.41		9.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	0		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	0		.00		.00
ALL OTHER ACCOM	11	46		16,768.51		364.53	.02	7		1524.41		9.97
ANCILLARIES	11	0		49,369.20		.00	.00	0		4488.11		29.35
INPATIENT CROSSOVERS	1	4		792.00		198.00	.00	2		792.00		.47
ALL OTHER INPATIENT	0	0		.00		.00	.00	0		.00		.00
HOSP OUTPATIENT TOTAL	170	762		20,661.55		27.11	.45	3		121.54		12.28
MEDICAL	38	50		2,072.81		41.46	.03	0		54.55		1.23
SURGERY	17	19		1,044.89		54.99	.01	1		61.46		.62
PATHOLOGY	93	251		2,910.72		11.60	.14	9		31.30		1.73
RADIOLOGY	44	77		6,616.70		85.93	.04	6		150.38		3.93
ROOM USE	69	113		4,036.13		35.72	.06	7		58.49		2.40
CROSSOVERS/ALL OTH OUTPINT	52	252		3,980.30		15.79	.15	0		76.54		2.37
@COUNTY HOSPITAL TOTAL	0	0 \$;	.00	\$.00	.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.00	0		.00		.00
HSC HOSPITALS	0	0		.00		.00	.00	0		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.00	0		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.00	0		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	0		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	0		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.00	0		.00		.00
ANCILLARIES	0	0		.00		.00	.00	0		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.00	0		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00	0		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.00	0		.00		.00
MEDICAL	0	0		.00		.00	.00	0		.00		.00
SURGERY	0	0		.00		.00	.00	0		.00		.00
PATHOLOGY	0	0		.00		.00	.00	0		.00		.00
RADIOLOGY	0	0		.00		.00	.00	0		.00		.00
ROOM USE	0	0		.00		.00	.00	0		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.00	0		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MC	ONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2002 THR	U	DEC	2002	P.	AGE 13,787
MODOOA	THE HOR CHRISTON / DE	337ED 7-7										01/17/00

----- MONTHLY AVERAGE -----1,682 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 176 819 \$ 92,491.26 \$ 112.93 .487 \$ 525.52 \$ 54.99 @COMMUNITY HOSPITAL TOTAL 14 57 1260.17 .034 5130.69 COMM HOSP INPATIENT TOTAL 71,829.71 42.70 2 7 HSC HOSPITALS 4,900.00 700.00 .004 2450.00 2.91 NON-HSC HOSPITALS TOTAL 11 46 66,137.71 1437.78 .027 6012.52 39.32 11 46 16,768.51 364.53 1524.41 9.97 ACCOMMODATIONS .027 0 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 .00 0 .00 .00 .00 TRANSITIONAL IP CARE .000 364.53 11 46 16,768.51 .027 1524.41 9.97 ALL OTHER ACCOM ANCILLARIES 11 0 49,369.20 .00 .000 4488.11 29.35 1 792.00 INPATIENT CROSSOVERS 792.00 198.00 .002 .47 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

SIERRA COUNTY

COMM HOSP OUTPATIENT TOTAL	170	762		20,661.55		27.11	.453		121.54		12.28
MEDICAL	38	50		2,072.81		41.46	.030		54.55		1.23
SURGERY	17	19		•		54.99					
	93			1,044.89			.011		61.46		.62 1.73
PATHOLOGY		251		2,910.72		11.60	.149		31.30		
RADIOLOGY	44	77		6,616.70		85.93	.046		150.38		3.93
ROOM USE	69	113		4,036.13		35.72	.067		58.49		2.40
CROSSOVERS/ALL OTH OUTPTNT		252	_	3,980.30		15.79	.150		76.54		2.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş		Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	2	\$	440.22	\$	220.11	.001	\$		\$.26
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	2		440.22		220.11	.001		440.22		.26
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	33	82	\$	1,332.60	\$	16.25	.049	\$	40.38	\$.79
PATHOLOGY	33	82		1,332.60		16.25	.049		40.38		.79
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	350	560	\$		\$	138.70	.333	\$		\$	46.18
CLINIC	8	34		854.30		25.13	.020		106.79		.51
SURGICENTER	1	8		274.34		34.29	.005		274.34		.16
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	343	518		76,542.31		147.77	.308		223.16		45.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M		EPORT			DEC		PΑ	GE 13,788
MOP024	FEE-FOR-SERVICE/DENTAL		1		01(1				_ , , _		01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO		OC-FZ	м 34 39 3N 3T 3V	54 59) 5J 5W-5Y 6	J				,, 00
212121 000111		11, 111, 1100		01 03 01, 01 0	01 03			IONT	HLY AVERA	GE -	
							,				

1,682 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 57 555 13,570.22 24.45 .330 \$ 238.07 \$ 8.07 1 DURABLE MED. EQUIP. 1 85.65 85.65 .001 85.65 .05 BLOOD BANK Ω Ω .00 .00 .000 .00 .00 0 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 10 222 6,367.88 28.68 .132 636.79 3.79 MEDICAL TRANSPORTATION 9 220 12.58 .131 307.54 1.65 AMBULANCES/AIR TRANS 2,767.88 0 .00 OTHER TRANS .00 .00 .000 .00 OTHER SERVICES 3,600.00 1800.00 .001 1800.00 2.14 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 5 475.00 95.00 95.00 .28 .003 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .000 .00 18 39 OPTICIAN 373.76 9.58 .023 20.76 .22 PHYSICAL THERAPIST .00 .00 .000 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	88.99	44.50	.001	88.99	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	126	1,074.10	8.52	.075	119.34	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	160	5,104.84	31.91	.095	340.32	3.03
@CALIF. CHILDREN SERVICES*	5	51	\$ 5,768.95	\$ 113.12	.030	\$ 1153.79	\$ 3.43
@XOVER EXCLUDING STATE HOSP**	11	55	\$ 2,178.47	\$ 39.61	.033	\$ 198.04	\$ 1.30

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,789
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

SIERRA COUNTI	SUMMARI OF SER	VICES FOR ZO MEDI	САПТ	II NEEDI - NO SOC				C.F.	
1 000							NTHLY AVERA	-	
1,876 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER	
_		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	853	4,409	\$	311,963.12	\$ 70.76	2.350			
@PHYSICIANS SERVICES	188	669	\$	30,732.10	\$ 45.94	.357		•	
OUTPATIENT VISITS	81	122		5,673.04	46.50	.065	70.04	3.02	
OFFICE VISITS	54	63		2,410.96	38.27		44.65	1.29	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	29	45		2,248.35	49.96	.024	77.53	1.20	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	5	13		983.73	75.67	.007	196.75	.52	
OTHER OUTPATIENT	1	1		30.00	30.00	.001	30.00	.02	
INPATIENT VISITS	15	52		3,797.09	73.02	.028	253.14	2.02	
HOSPITAL VISITS	13	41		1,795.71	43.80	.022	138.13	.96	
CRITICAL CARE	2	11		2,001.38	181.94	.006	1000.69	1.07	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	1	1		47.11	47.11	.001	47.11	.03	
EXAMINATIONS	1	1		47.11	47.11	.001	47.11	.03	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	18	166		8,790.42	52.95	.088	488.36	4.69	
PRINCIPAL SURGEON	10	12		5,968.14	497.35	.006	596.81	3.18	
ASSISTANT SURGEON	2	2		374.96	187.48	.001	187.48	.20	
ANESTHESIOLOGIST	12	152		2,447.32	16.10	.081	203.94	1.30	
OUTPATIENT SURGERY	27	59		5,473.81	92.78	.031	202.73	2.92	
PRINCIPAL SURGEON	23	31		4,743.58	153.02	.017	206.24	2.53	
ASSISTANT SURGEON	2	2		160.28	80.14	.001	80.14	.09	
ANESTHESIOLOGIST	4	26		569.95	21.92	.014	142.49	.30	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	45	82		2,032.28	24.78	.044	45.16	1.08	
RADIOLOGY	47	89		2,375.26	26.69	.047	50.54	1.27	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	5		36.49	7.30	.003	18.25	.02	
OTHER SERVICES/ALL X-OVERS	45	93		2,506.60	26.95	.050	55.70	1.34	
@PHARMACY	459	1,188	\$	61,632.61		.633			
PRESCRIPTION DRUGS	459	1,185		61,459.21	51.86	.632	133.90	32.76	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	16	55		3,658.43		66.52	.029		228.65		1.95
OUTPATIENTS	445	1,130		57,800.78		51.15	.602		129.89		30.81
MEDICAL SUPPLIES	1	3		173.40		57.80	.002		173.40		.09
@DENTIST	22	105	\$	2,330.00	\$	22.19	.056	\$	105.91	\$	1.24
VISITS - DIAGNOSTIC	17	72		1,193.00		16.57	.038		70.18		.64
ORAL SURGERY	3	9		204.00		22.67	.005		68.00		.11
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		260.00		260.00	.001		260.00		.14
RESTORATIVE DENTISTRY	5	20		463.00		23.15	.011		92.60		.25
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		210.00		70.00	.002		70.00		.11
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES N	MONTH-OF-PAYMENT F	REPOR	T FOR JAN :	2002 THRU D	DEC	2002	P	AGE 13,790
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 28 MEDI	CALI	LY NEEDY - NO SOC							
							MC	ITNC	HLY AVERA	GΕ	
1,876 ELIGIBLES	USERS UNIT	TS OF SERVICE		EXPENDITURES			UNITS/DAYS	3 (COST PER		COST PER
	OR	DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	29	85	\$	2,195.09	\$	25.82	.045	\$	75.69	\$	1.17
DIAGNOSTIC AND ANC. PROCED	22	22		1,019.04		46.32	.012		46.32		.54
EYE APPLIANCES	22	61		1,140.64		18.70	.033		51.85		.61
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.001		17.71		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	7 \$	455.21	\$ 65.03	.004 \$	227.61	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$.00	\$.00	.000 \$		
PEDIATRIC NURSE PRACTITIONER	0	0 \$					•
FAMILY NURSE PRACTITIONER	192	912 \$.00 94,932.26	\$.00 \$ 104.09	.000 \$.486 \$.00 494.44	
@TOTAL HOSPITAL			72,587.84				
HOSP INPATIENT TOTAL	15	65 7	•	1116.74	.035	4839.19	38.69
HSC HOSPITALS	2		4,900.00	700.00	.004	2450.00	2.61
NON-HSC HOSPITAL TOTAL	11	46	66,137.71	1437.78	.025	6012.52	35.25
ACCOMMODATIONS	11	46	16,768.51	364.53	.025	1524.41	8.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	46	16,768.51	364.53	.025	1524.41	8.94
ANCILLARIES	11	0	49,369.20	.00	.000	4488.11	26.32
INPATIENT CROSSOVERS	2	12	1,550.13	129.18	.006	775.07	.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	185	847	22,344.42	26.38	.451	120.78	11.91
MEDICAL	38	50	2,072.81	41.46	.027	54.55	1.10
SURGERY	17	19	1,044.89	54.99	.010	61.46	.56
PATHOLOGY	93	251	2,928.78	11.67	.134	31.49	1.56
RADIOLOGY	45	78	6,745.82	86.48	.042	149.91	3.60
ROOM USE	69	113	4,036.13	35.72	.060	58.49	2.15
CROSSOVERS/ALL OTH OUTPTNT	66	336	5,515.99	16.42	.179	83.58	2.94
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEG	C 2002	PAGE 13,791
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERV	VICES FOR 28 MEDICALL	Y NEEDY - NO SOC				
					MON'	THLY AVERA	GE
1,876 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	192	912 \$	94,932.26	\$ 104.09	.486 \$	494.44	\$ 50.60
COMM HOSP INPATIENT TOTAL	15	65	72,587.84	1116.74	.035	4839.19	38.69
HSC HOSPITALS	2	7	4,900.00	700.00	.004	2450.00	2.61
NON-HSC HOSPITALS TOTAL	11	46	66,137.71	1437.78	.025	6012.52	35.25
ACCOMMODATIONS	11	46	16,768.51	364.53	.025	1524.41	8.94
			•				

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	46		16,768.51		364.53	.025		1524.41		8.94
ANCILLARIES	11	0		49,369.20		.00	.000		4488.11		26.32
INPATIENT CROSSOVERS	2	12		1,550.13		129.18	.006		775.07		.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	185	847		22,344.42		26.38	.451		120.78		11.91
MEDICAL	38	50		2,072.81		41.46	.027		54.55		1.10
SURGERY	17	19		1,044.89		54.99	.010		61.46		.56
PATHOLOGY	93	251		2,928.78		11.67	.134		31.49		1.56
RADIOLOGY	45	78		6,745.82		86.48	.042		149.91		3.60
ROOM USE	69	113		4,036.13		35.72	.060		58.49		2.15
CROSSOVERS/ALL OTH OUTPTNT	66	336		5,515.99		16.42	.179		83.58		2.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ċ		\$.00
MENTALLY ILL	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		\$		ċ			ċ	3236.77	ċ	
@NURSING FACILITY	0	109	Ş	19,420.63	\$	178.17	.058	\$		Ş	10.35
LEV A-INTERMEDIATE	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	109		19,420.63		178.17	.058		3236.77		10.35
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	33	82	\$	1,332.60	\$	16.25	.044	\$	40.38	\$.71
PATHOLOGY	33	82		1,332.60		16.25	.044		40.38		.71
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	398	639	\$	83,321.42	\$.341	\$		\$	44.41
CLINIC	9	35	·	896.76	·	25.62	.019	·	99.64		.48
SURGICENTER	1	8		274.34		34.29	.004		274.34		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	390	596		82,150.32		137.84	.318		210.64		43.79
#CALIF DEPT OF HEALTH SERV			IRES I	MONTH-OF-PAYMENT R	EPORT			DEC		P	AGE 13,792
MOP024	FEE-FOR-SERVICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.LI OI	1 1010 01110	2002 1111(0	DLC	2002		01/17/03
SIERRA COUNTY		,	TCAT.	LY NEEDY - NO SOC							01/1//05
DILIMIT COOMIT	DOTHER OF DERV	TODO TOR ZO FIEL) I () I II.	HI WHEEL WO DOC			N	ידוו∩ו	HLY AVERA	CF.	
1,876 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	7/7/7	DACE COST				-	COST PER
1,070 ELIGIBLES	055175	OR DAYS OF CAF		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	72	613	\$	15,611.20	\$	25.47	.327		216.82		8.32
			Ş		ې			Ą		ې	
DURABLE MED. EQUIP.	1	1		85.65		85.65	.001		85.65		.05
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	7		1,342.49		191.78	.004		268.50		.72
MEDICAL TRANSPORTATION	11	259		6,460.02		24.94	.138		587.27		3.44
AMBULANCES/AIR TRANS	9	220		2,767.88		12.58	.117		307.54		1.48
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	3	39		3,692.14		94.67	.021		1230.71		1.97
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	475.00	95.00	.003	95.00	.25
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	45	452.00	10.04	.024	21.52	.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	88.99	44.50	.001	88.99	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	126	1,074.10	8.52	.067	119.34	.57
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	168	5,632.95	33.53	.090	268.24	3.00
@CALIF. CHILDREN SERVICES*	5	51	\$ 5,768.95	\$ 113.12	.027	\$ 1153.79	\$ 3.08
@XOVER EXCLUDING STATE HOSP**	47	209	\$ 5,632.78	\$ 26.95	.111	\$ 119.85	\$ 3.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,793
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

CILIUI COONII	DOIMMING OF DER	VIOLD IOIC	25 1111	200	11000		1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
								MO	YLHTNC	AVERA	GE	
19 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	s cos	T PER	(COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	U	SER		ELIGIBLE
@TOTAL, ALL PROVIDERS	22		178	\$	21,065.21	\$	118.34	9.368	\$ 9	57.51	\$	1108.70
@PHYSICIANS SERVICES	6		19	\$	349.71	\$	18.41	1.000	\$	58.29	\$	18.41
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	6	19		349.71		18.41	1.000		58.29		18.41
@PHARMACY	13	45	\$	9,612.74	\$	213.62	2.368	\$	739.44	\$	505.93
PRESCRIPTION DRUGS	13	45		9,612.74		213.62	2.368		739.44		505.93
SNF/ICF	4	13		1,778.75		136.83	.684		444.69		93.62
OUTPATIENTS	9	32		7,833.99		244.81	1.684		870.44		412.32
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 13,794

01/17/03

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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

MOP024

SIERRA COUNTY

----- MONTHLY AVERAGE -----19 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$ 0 .00 \$.00 .00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .000 .00 5.80 @PODIATRIST 5.80 .053 \$ 5.80 \$.31 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY .000 0 .00 .00 .00 .00 OTHER 5.80 5.80 .053 5.80 .31 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 .00 .00 .000 .00 NURSE MIDWIFE 0 .00 .00 .000 .00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 \$ FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 20 \$ 102.05 @TOTAL HOSPITAL 2,041.05 1.053 \$ 408.21 107.42 HOSP INPATIENT TOTAL 13 1,990.00 153.08 .684 995.00 104.74 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	2	13		1,990.00	153	3.08	.684		995.00		104.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	7		51.05	7	7.29	.368		17.02		2.69
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	7		51.05	-	7.29	.368		17.02		2.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-	PAYMENT RE	EPORT FOR	R JAN 200	2 THRU	DEC 2	002	PA	GE 13,795
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	29 MN -	- SOC - AGED			AID CODE					
							M	ONTHL	Y AVERA	GE -	

19 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	20	\$	2,041.05	\$	102.05	1.053		408.21		107.42
COMM HOSP INPATIENT TOTAL	2	13	·	1,990.00	•	153.08	.684		995.00		104.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	13		1,990.00		153.08	.684		995.00		104.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	7		51.05		7.29	.368		17.02		2.69
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	7		51.05		7.29	.368		17.02		2.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	85	\$	8,673.81	\$	102.04	4.474	\$	4336.91	\$	456.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	85		8,673.81		102.04	4.474		4336.91		456.52
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	\$.00	ċ	.00	.000	\$.00	\$.00
@LABORATORY FACILITY	0	0	Ą	.00	\$.00	.000	Ą	.00	Ą	.00
PATHOLOGY XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	4	\$	239.51	\$	59.88		\$	59.88	\$	12.61
CLINIC CLINIC	0	0	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4				59.88					12.61
#CALIF DEPT OF HEALTH SERV			ES MO								
	FEE-FOR-SERVICE				DI OI(I	101(0111 2	.002 11110	DLC	2002	_	01/17/03
			SOC	- AGED		AID CC	DE.				01/1//03
ordinar occivir	DOIMMING OF DELICE.	1010 1010 25 1110	500	11025			M	ONT	HLY AVERA	GE	
19 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVF						
	-	OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	3	4		142.59					47.53		
DURABLE MED. EQUIP.	1	1		60.74							
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00	
OPTICIAN	0	0		.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	2	3		81.85	27.28	.158	40.93	4.31	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	12	30	\$	2,532.37	\$ 84.41	1.579	\$ 211.03	\$ 133.28	
<pre>@* TOTALS IN THESE LINES ARE GIVE</pre>	EN AS A SEPARATE IN	FORMATION :	ITEM ONI	ĽΥ;					
THE AMOUNTS ARE ALREADY INCLUE	DED IN THE APPROPRI	ATE DETAIL	LINES A	ABOVE.					
++ milece Dama and Inclined IN mi	ID ADDDODDIAMO DOMA	TT TINDO NI	0.07.70						

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,797 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

SIERRA COUNTI	DOMMANT OF DEIN	VICED FOR S	0 1.114	DOC	סוודעט	AID C	ODL		
							MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SI	ERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS O	F CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY											
OUITHIENI BUNGENI	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	•									
DIALYSIS	U	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
	0	•	Ċ		Ċ			ċ		Ċ	
@PHARMACY	U	0	\$.00	\$.00		\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	0	0	Y		Y			Y		Ÿ	
VISITS - DIAGNOSTIC	0			.00		.00	.000		.00		.00
ORAL SURGERY	Ü	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	0	U									.00
PROSTHETICS	Ü	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0									
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONT	.00	EPORT	.00	.000	DEC	.00	PA	.00 GE 13,798
ALL OTHER SERVICES	•	ES AND EXPENDITUR	ES MONT	.00	EPORT	.00	.000	DEC	.00	PA	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR		.00 TH-OF-PAYMENT RE	EPORT	.00	.000 2002 THRU	DEC	.00	PA	.00 GE 13,798
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 TH-OF-PAYMENT RE	EPORT	.00 FOR JAN 2	.000 2002 THRU		.00		.00 GE 13,798
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN -	SOC -	.00 TH-OF-PAYMENT RE BLIND		.00 FOR JAN 2	.000 2002 THRU DDE	ONT	.00 2002 HLY AVERA	GE -	.00 GE 13,798 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE	SOC -	.00 TH-OF-PAYMENT RE	AVE	.00 FOR JAN 2 AID CC RAGE COST	.000 2002 THRU DDE M UNITS/DAY	ONT	.00 2002 HLY AVERA COST PER	GE - C	.00 GE 13,798 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES	AVE! PER	.00 FOR JAN 2 AID CC RAGE COST UNIT/DAY	.000 2002 THRU DDE M UNITS/DAY PER ELIG	ONTI	.00 2002 HLY AVERA COST PER USER	GE - C E	.00 GE 13,798 01/17/03 OST PER LIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000	ONTI	.00 2002 HLY AVERA COST PER USER .00	GE - C	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AVE! PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI	.00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE! PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI	.00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00	AVE! PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI	.00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00	AVE! PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	IONTI	LOO LOO LOO LOO LOO LOO LOO LOO	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0	SOC -	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONTI	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE - CE \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI SS (.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - CE \$ \$ \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S \$ \$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE \$ \$ \$ \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE \$ \$ \$ \$.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C C C C C C C C C C	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$ \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	soc - \$.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSSS	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C C C C C C C C C C C C C C C C C C C	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$ \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER ### TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	C C C C C C C C C C C C C C C C C C C	.00 TH-OF-PAYMENT RE BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$ \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S S S S S S S S S S S S S S S S	.00 GE 13,798 01/17/03 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
-	0	0 \$			•		.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	U	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	O	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 13,799
MOP024	FEE-FOR-SERVICE	DENTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	ICES FOR 30 MN - SOC -	BLIND	AID CO	DE		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
10011 001	O .	O .	• • • •	• 0 0		.00	• • • •

CROSSOVERS/ALL OTH OUTPTNT	0	0		.0	0	.0	0 .00	C	.00		.00
@STATE HOSPITAL	0	0	\$.0	0 5	.0	0 .00) \$.00	\$.00
MENTALLY ILL	0	0		.0	0	.0	0 .00	C	.00		.00
DEVELOP. DISABLED	0	0		.0	0	.0	0 .00	C	.00		.00
@NURSING FACILITY	0	0	\$.0	0 5	.0	0 .00) \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.0	0	.0	0 .00	C	.00		.00
LEV B-REHAB MD	0	0		.0	0	.0	0 .00	C	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.0	0	.0	0 .00	C	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.0	0	.0	0 .00	C	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.0	0	.0	0 .00	C	.00		.00
LEV B-REGULAR	0	0		.0	0	.0	0 .00	C	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.0	0 5	.0	0 .00) \$.00	\$.00
ICF DDH	0	0		.0	0	.0	0 .00	C	.00		.00
ICF DD	0	0		.0	0	.0	0 .00)	.00		.00
ICF DDN/DDCN	0	0		.0	0	.0	0 .00)	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.0	0 5	.0	0 .00) \$.00	\$.00
HOSPITAL BASED	0	0		.0	0	.0	0 .00)	.00		.00
HEMODIALYSIS CENTER	0	0		.0	0	.0			.00		.00
@REHABILITATION FACILITY	0	0	\$.0	0 5	.0	0 .00) \$.00	\$.00
HOSPITAL BASED	0	0		.0	0	.0	0 .00)	.00		.00
INDEPENDENT FACILITY	0	0		.0	0	.0	0 .00)	.00		.00
@LABORATORY FACILITY	0	0	\$.0	0 5	.0	0 .00) \$.00	\$.00
PATHOLOGY	0	0		.0	0	.0	0 .00	C	.00		.00
XO AND OTHERS	0	0		.0	0	.0	0 .00	C	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.0	0 5	.0	0 .00) \$.00	\$.00
CLINIC	0	0		.0	0	.0	0 .00	C	.00		.00
SURGICENTER	0	0		.0	0	.0	0 .00)	.00		.00
HEROIN DETOX CLINIC	0	0		.0	0	.0	0 .00)	.00		.00
RURAL HEALTH CLINIC	0	0		.0	0	.0	0 .00)	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES 1	MONTH-OF-PAYMENT	REPO	ORT FOR J	AN 2002 THR	J DE	C 2002	PAGE	13,800
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	30 MN	- SO	OC - BLIND		AI	D CODE				

					MONTHLY	AVERAGE	
				,			

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
Oli Omund Douttons	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	U \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
0* MOMATO TAL MURCE TIMES ADE CIVE	יאי אכ א כבראו	DAME THEODMANTON THEM ON					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,801
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	.00	\$.00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0			.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000	.00		.00
	0	0									
PRINCIPAL SURGEON	0	0			.00		.00	.000	.00		.00
ASSISTANT SURGEON	U	0			.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000	.00		.00
DIALYSIS	0	0			.00		.00	.000	.00		.00
PATHOLOGY	0	0			.00		.00	.000	.00		.00
RADIOLOGY	0	0			.00		.00	.000	.00		.00
PSYCHIATRY	0	0			.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000			.00
PRESCRIPTION DRUGS	0	0	т		.00	т.	.00	.000	.00		.00
SNF/ICF	0	0			.00		.00	.000	.00		.00
OUTPATIENTS	0	0			.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000	.00		.00
	0	0	\$			ċ					
@DENTIST	0		Ş		.00	\$.00		\$.00		.00
VISITS - DIAGNOSTIC	U	0			.00		.00	.000	.00		.00
ORAL SURGERY	Ü	0			.00		.00	.000	.00		.00
DRUGS	0	0			.00		.00	.000	.00		.00
ANESTHESIA	0	0			.00		.00	.000	.00		.00
PERIODONTICS	0	0			.00		.00	.000	.00		.00
ENDODONTICS	0	0			.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITUR	RES M	ONTH-OF-PAYM		ZPORT					PAGE 13,802
MOP024	FEE-FOR-SERVICE		(110 11	ON111 OI 171111	IDIVI IXL	11 01(1	1010 07110 2	LOUZ IIIKO D	DC 2002		01/17/03
SIERRA COUNTY		VICES FOR 31 MN -	- 500	- DISABLED	Δ. Τ	נט כטו	DES 65 67	6W			01/11/03
SIERRA COUNTI	DOMMANT OF DERN	TOES FOR SI PIN	500	DIGADDED	A1	LD COL	05 07		NTHLY AVEF	A C E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDIT	TIDEC	71755	DACE COST	UNITS/DAYS			COST PER
OO EDIGIBLES	CNICO	OR DAYS OF CARE		EXERNOTI	OKES		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CARE	\$.00	\$.00	.000		\$.00
	0		۲			Ą					
DIAGNOSTIC AND ANC. PROCED	0	0			.00		.00	.000	.00		.00
EYE APPLIANCES	U	0			.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	U	0	_		.00	_	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	•	\$.00
VISITS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	0	0			.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0			.00		.00	.000	.00		.00
SURGERY/ANES.	0	0			.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0			.00		.00	.000	.00		.00
OTHER	0	0			.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000			.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00

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EXAMINATIONS

0

NURSE MIDWIFE	0	0	\$		00	\$.00	.000	\$.	00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$		00	\$.00	.000	\$.	00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$		00	\$.00	.000	\$.	00	\$.00
@TOTAL HOSPITAL	0	0	S		00	\$.00	.000		00	
HOSP INPATIENT TOTAL	0	0	т		00	т	.00	.000	•	00	.00
HSC HOSPITALS	0	0			00		.00	.000		00	.00
NON-HSC HOSPITAL TOTAL	0	0			00		.00	.000		00	.00
	0	0									
ACCOMMODATIONS	0	0			00		.00	.000		00	.00
ADMINISTRATIVE DAYS	U	U			00		.00	.000		00	.00
TRANSITIONAL IP CARE	Ü	0			00		.00	.000		00	.00
ALL OTHER ACCOM	0	0			00		.00	.000		00	.00
ANCILLARIES	0	0			00		.00	.000		00	.00
INPATIENT CROSSOVERS	0	0			00		.00	.000		00	.00
ALL OTHER INPATIENT	0	0			00		.00	.000		00	.00
HOSP OUTPATIENT TOTAL	0	0			00		.00	.000		00	.00
MEDICAL	0	0			00		.00	.000		00	.00
SURGERY	0	0			00		.00	.000		00	.00
PATHOLOGY	0	0			00		.00	.000		00	.00
RADIOLOGY	0	0			00		.00	.000		00	.00
ROOM USE	0	0			00		.00	.000		00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0			00		.00	.000		00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$		00	\$.00	.000		00	
CO HOSPITAL INPATIENT TOTAL	0	0	Ÿ		00	۲		.000		00	.00
	0	0					.00				
HSC HOSPITALS	U	0			00		.00	.000		00	.00
NON-HSC HOSPITALS TOTAL	U	0			00		.00	.000		00	.00
ACCOMMODATIONS	Ü	0			00		.00	.000		00	.00
ADMINISTRATIVE DAYS	0	0			00		.00	.000		00	.00
TRANSITIONAL IP CARE	0	0		•	00		.00	.000		00	.00
ALL OTHER ACCOM	0	0			00		.00	.000		00	.00
ANCILLARIES	0	0			00		.00	.000		00	.00
INPATIENT CROSSOVERS	0	0			00		.00	.000		00	.00
ALL OTHER INPATIENT	0	0			00		.00	.000		00	.00
CO HOSP OUTPATIENT TOTAL	0	0			00		.00	.000		00	.00
MEDICAL	0	0			00		.00	.000		00	.00
SURGERY	0	0			00		.00	.000		00	.00
PATHOLOGY	0	0			00		.00	.000		00	.00
RADIOLOGY	0	0			00		.00	.000		00	.00
ROOM USE	0	0			00		.00	.000		00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			00		.00	.000		00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITUR	EC MONT								PAGE 13,803
MOP024	FEE-FOR-SERVICE		LO MONI	IN-OF-FAIMEN	1 1/1	FLOKI E	OR UAN 2	2002 1000 1	JEC 2002		01/17/03
			000	DICADIED	70 -	ID CODE	CE (7	CTAT			01/1//03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 31 MN -	SUC -	DISABLED	A.	ID CODES	0 00 0/		NIMIII 32 N. 7.		· -
00 51 5055 50	110770					3110030					E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITUR	ES.			UNITS/DAYS			COST PER
	_	OR DAYS OF CARE						PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	Ş			\$.000			
COMM HOSP INPATIENT TOTAL	0	0			00		.00	.000		00	.00
HSC HOSPITALS	0	0			00		.00	.000		00	.00
NON-HSC HOSPITALS TOTAL	0	0			00		.00	.000		00	.00
ACCOMMODATIONS	0	0			00		.00	.000		00	.00
ADMINISTRATIVE DAYS	0	0			00		.00	.000		00	.00
TRANSITIONAL IP CARE	0	0			00		.00	.000		00	.00
ALL OTHER ACCOM	0	0			00		.00	.000		00	.00
ANCILLARIES	0	0			00		.00	.000		00	.00
INPATIENT CROSSOVERS	0	0			00		.00	.000		00	.00
ALL OTHER INPATIENT	0	0			00		.00	.000		00	.00
THE CHIEF THEATTENT	U	O		•	5 0			.000	•	5 0	• • • •

COMM HOOD OHEDZETINE BOEZI	0			0.0		0.0	000	0.0		0.0
COMM HOSP OUTPATIENT TOTAL	U	U		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	•								
CROSSOVERS/ALL OTH OUTPTNT	U	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
-	0	0	Υ		Ψ.			·	7	
LEV A-INTERMEDIATE	U	U		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
	0	0	ċ		ć				Ċ	
@INTERMEDIATE CARE FACILDD	U	•	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
	0	0	۲		Y				Y	
HOSPITAL BASED	U	•		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
	0	0	Y		Ÿ				Ÿ	
PATHOLOGY	U	•		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
	0	0								
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES MOI	NTH-OF-PAYMENT R	EPORT 1	FOR JAN 2	2002 THRU I	DEC 2002	PF	AGE 13,804
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
SIERRA COUNTY	SUMMARY OF SERV	VICES FOR 31 MN -	SOC .	- DISABLED A	ID COD	ES 65 67	6W			
								ONTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	717FD	ACE COST	UNITS/DAYS			COST PER
00 ELIGIBLES	OSEKS			EXFENDITORES						
	_	OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		Ş	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	•									
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
	0	0								
GENETIC DISEASE TESTING	•	U		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
	•	•		.00		• • •		.00		• • •

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,805
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

					0.0		0.0	0.00	0.0		0.0
OTHER OUTPATIENT	0	0			.00		.00	.000	.00		.00
INPATIENT VISITS	0	0			.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000	.00		.00
CRITICAL CARE	0	0			.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000	.00		.00
EXAMINATIONS	0	0			.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000	.00		.00
DIALYSIS	0	0			.00		.00	.000	.00		.00
PATHOLOGY	0	0			.00		.00	.000	.00		.00
RADIOLOGY	0	0			.00		.00	.000	.00		.00
PSYCHIATRY	0	0			.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000	.00		.00
SNF/ICF	0	0			.00		.00	.000	.00		.00
OUTPATIENTS	0	0			.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000	.00		.00
ORAL SURGERY	0	0			.00		.00	.000	.00		.00
DRUGS	0	0			.00		.00	.000	.00		.00
ANESTHESIA	0	0			.00		.00	.000	.00		.00
PERIODONTICS	0	0			.00		.00	.000	.00		.00
ENDODONTICS	0	0			.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES N	MONTH-OF-	PAYMENT RE	PORT	FOR JAN 20	02 THRU	DEC 2002	PI	AGE 13,806
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	R 32 MN -	- SOC	C - FAMII	LIES AID CO	DE 5F	R 6R 37				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 \$.00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .000 \$.00 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0			•			
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	U	U Ş	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 13,807
MOP024	FEE-FOR-SERVICE		III OF TAIMENT N	SIONI FOR OAN 2	.002 IIINO DEC	. 2002	01/17/03
SIERRA COUNTY		ICES FOR 32 MN - SOC -	FAMILIES AID CO	DE 58 68 37			01/11/05
DILIMIT COOMIT	DOINING OF DERV	TODO TOTO 32 THV BOO	THITIDIDO HID CO	JDB SIC OIC ST	MONT	HT.Y AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 HIIGIBIID	ODLINO	OR DAYS OF CARE	DMIDNDIIONDO	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
1100011100111110110	O	O .	• • • •	• • • •	.000	.00	• • • •

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	·	.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	·	.00		.00	.000		.00		.00
SURGICENTER	0	Ö		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MO		EPORT FOR			DEC		PA	GE 13,808
MOP024	FEE-FOR-SERVICE/DENTAL					•					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	32 MN	- SOC	- FAMILIES AID CO	DE 5R 6F	37					, , , , , ,

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 \$ @ALL OTHER PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .000 ACUPUNCTURE .00 .00 .00 .00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,809 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

DIERRE GOONII	COLUMN CI CEI	VIOLD ION 33 HE	D I 0111111	NEEDI DOO				
							NTHLY AVERA	-
19 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CA	RE		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22	178	\$	21,065.21	\$ 118.34	9.368		\$ 1108.70
@PHYSICIANS SERVICES	6	19	\$	349.71	\$ 18.41	1.000		\$ 18.41
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	19	349.71	18.41	1.000	58.29	18.41
@PHARMACY	13	45 \$	9,612.74	\$ 213.62	2.368 \$	739.44	\$ 505.93
PRESCRIPTION DRUGS	13	45	9,612.74	213.62	2.368	739.44	505.93
SNF/ICF	4	13	1,778.75	136.83	.684	444.69	93.62
OUTPATIENTS	9	32	7,833.99	244.81	1.684	870.44	412.32
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE: FEE-FOR-SERVICE/	S AND EXPENDITURES I DENTAL	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 13,810 01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 33 MEDICAL	LY NEEDY - SOC				
					MONT	THLY AVERA	GE
19 ELIGIBLES	USERS U	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	5.80	\$	5.80	.053	\$		\$.31
MEDICINE/INJECTIONS	0	0		.00	'	.00	.000		.00	'	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		5.80		5.80	.053		5.80		.31
@HOME HEALTH AGENCY	0	0	ċ	.00	ċ		.000	ċ		\$.00
	0	0	\$		\$.00		\$			
NURSE ANESTHESIST	0	•	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	Ü	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	20	\$	2,041.05	\$	102.05	1.053	\$	408.21	\$	107.42
HOSP INPATIENT TOTAL	2	13		1,990.00		153.08	.684		995.00		104.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	13		1,990.00		153.08	.684		995.00		104.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	7		51.05		7.29	.368		17.02		2.69
	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0									
SURGERY	· ·	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	7		51.05		7.29	.368		17.02		2.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Û	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	Û	U		.00		.00	.000		.00		.00
ROOM USE	0	U		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		KES I	MONTH-OF-PAYMENT R	EPOR'	I' FOR JAN	2002 THRU	DEC	2002	P.	AGE 13,811
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR 33 MED	ICAL:	LY NEEDY - SOC							
							N	IONTI	HLY AVERA	GE -	

	(OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	7	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	20	\$	2,041.05	\$	102.05	1.053		408.21		107.42
COMM HOSP INPATIENT TOTAL	2	13	4	1,990.00	т.	153.08	.684	т.	995.00	-	104.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	Ő		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00							
ALL OTHER ACCOM	0	0				.00	.000		.00		.00
ANCILLARIES	2	•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	13		1,990.00		153.08	.684		995.00		104.74
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	7		51.05		7.29	.368		17.02		2.69
MEDICAL	O	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	7		51.05		7.29	.368		17.02		2.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	85	\$	8,673.81	\$	102.04	4.474	\$	4336.91	\$	456.52
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	85		8,673.81		102.04	4.474		4336.91		456.52
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Υ	.00	Υ	.00	.000	Ψ.	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	ې	.00	۲	.00
	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	ċ		ċ			ċ		ċ	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	Ċ	.00	ć	.00	.000	ċ	.00	<u>_</u>	.00
@LABORATORY FACILITY	0	•	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	U	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$	239.51	\$	59.88		\$	59.88	\$	12.61
CLINIC	O	0		.00		.00	.000		.00		.00
SURGICENTER	O	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	4				59.88			59.88		12.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPORI	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 13,812
MOP024	FEE-FOR-SERVICE/DE										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE	S FOR 33 MED	ICALL	Y NEEDY - SOC							
							M	TNO	HLY AVERA	GE	
19 ELIGIBLES	USERS UN	NITS OF SERVIC	Ε	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	'S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	3	4	\$	142.59	\$	35.65	.211		47.53	\$	7.50
DURABLE MED. EQUIP.	1	1		60.74		60.74	.053		60.74		3.20
	_										

BLOOD BANK

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MEDICAL TRANSPORTATION 0 0 .00	HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
OTHER TRANS O O O O O O O O O O O O O O O O O O O	MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES O O O O O O O O O O O O O O O O O O O	AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OTHER TRANS	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR O GENETIC DISEASE TESTING O O O O O O O O O O O O O O O O O O O	OTHER SERVICES	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP O O OCCUPATIONAL THERAPIST O O OFTICIAN O OPTICIAN O O OPTICIAN O O OPTICIAN O O O O O O O O O O O O O O O O O O O	ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 0 0 .00 .00 .00 .00 .00 .00 PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 .00	GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
OPTICIAN 0 0 .00 <td>IHMC, MODEL-NF, NF, AIDS, MSSP</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 .00	OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY 0 0 .00	OPTICIAN	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00	PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 ORTHOTICS 0 0 .00	PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00 .00 .00 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00	PROSTHETICS	0	0		.00	.00		.00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00 .00 HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES 0 0 .00 <td< td=""><td>ORTHOTICS</td><td>0</td><td>0</td><td></td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></td<>	ORTHOTICS	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES 0 0 .00	PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0 0 .00	SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0 0 .00	HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .		0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00<	LOCAL EDUCATION AGENCIES	0	0			.00			.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 ALL OTHER PROVIDERS 2 3 81.85 27.28 .158 40.93 4.31 @CALIF. CHILDREN SERVICES* 0 \$.00	EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 2 3 81.85 27.28 .158 40.93 4.31 @CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00	RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00	PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	2	3		81.85	27.28		40.93	4.31
0VOVED EVOLUTING CERTED HOOD++ 10 20 6 0 120 27 6 04 41 1 F70 6 011 02 6 122 20	• • • • • • • • • • • • • • • • • • • •	0	0	\$		\$		\$	
QXOVER EXCLUDING STATE HOSP^	@XOVER EXCLUDING STATE HOSP**	12	30	\$	2,532.37	\$ 84.41	1.579	\$ 211.03	\$ 133.28

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,813
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

SIEMA COUNTI	DOMESTIC OF SERV	VICES FOR S4 PIN	ПТИО	AGED	AID CO	מטכ		
						MON	NTHLY AVERA	GE
322 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	344	11,212	\$	1,461,827.48	\$ 130.38	34.820	4249.50	\$ 4539.84
@PHYSICIANS SERVICES	21	38	\$	474.97	\$ 12.50	.118	22.62	\$ 1.48
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OURDARTENE CUDCEDY										
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
	0	0	.00							
RADIOLOGY	0	0			.00	.000		.00		.00
PSYCHIATRY	Ü	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	21	38	474.97		12.50	.118		22.62		1.48
@PHARMACY	241	1,206 \$	66,314.36	\$	54.99	3.745	\$	275.16	\$	205.95
PRESCRIPTION DRUGS	241	1,206	66,314.36		54.99	3.745		275.16		205.95
SNF/ICF	222	1,148	64,415.24		56.11	3.565		290.16		200.05
OUTPATIENTS	27	58	1,899.12		32.74	.180		70.34		5.90
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	5	16 \$	1,974.00	\$	123.38	.050	Ś	394.80	Ś	6.13
VISITS - DIAGNOSTIC	3	12	174.00	Ψ	14.50	.037	т	58.00	т	.54
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
	0	0								
ANESTHESIA	U	U	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4	1,800.00		450.00	.012		900.00		5.59
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITI	· ·		FPORT			DEC		D.	AGE 13,814
		CES AND EXPENDITURES	MONTH-OF-PAIMENT R.	DI OI(I		002 11110	DEC	2002	PI	
MOP024	FEE-FOR-SERVICE	E/DENTAL		BI OIVI	ATD CO		DEC	2002	P1	01/17/03
	FEE-FOR-SERVICE			EI OI(I	AID CC	DE				01/17/03
MOP024 SIERRA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL /ICES FOR 34 MN - LT	NG - AGED			DE M	ONTE	HLY AVERA	GE ·	01/17/03
MOP024	FEE-FOR-SERVICE	E/DENTAL 7ICES FOR 34 MN - LT UNITS OF SERVICE		AVEF	RAGE COST	DE M UNITS/DAY	ONTI	HLY AVERA COST PER	GE ·	01/17/03 COST PER
MOP024 SIERRA COUNTY 322 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE	NG - AGED EXPENDITURES	AVEF PER	RAGE COST UNIT/DAY	DE M UNITS/DAY PER ELIG	ONTI S (HLY AVERA COST PER USER	GE ·	01/17/03 COST PER ELIGIBLE
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$	NG - AGED EXPENDITURES 287.30	AVEF	RAGE COST UNIT/DAY 16.90	DE M UNITS/DAY PER ELIG .053	ONTI S (HLY AVERA COST PER USER 47.88	GE ·	01/17/03 COST PER ELIGIBLE .89
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0	EXPENDITURES 287.30 .00	AVEF PER	RAGE COST UNIT/DAY 16.90 .00	DDE M UNITS/DAY PER ELIG .053 .000	ONTI S (HLY AVERA COST PER USER 47.88 .00	GE ·	01/17/03 COST PER ELIGIBLE .89 .00
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15	EXPENDITURES 287.30 .00 255.29	AVEF PER	RAGE COST UNIT/DAY 16.90 .00 17.02	DE M UNITS/DAY PER ELIG .053 .000 .047	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06	GE ·	01/17/03 COST PER ELIGIBLE .89 .00 .79
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2	EXPENDITURES 287.30 .00	AVEF PER	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01	DDE M UNITS/DAY PER ELIG .053 .000	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01	GE ·	01/17/03 COST PER ELIGIBLE .89 .00
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15	EXPENDITURES 287.30 .00 255.29	AVEF PER	RAGE COST UNIT/DAY 16.90 .00 17.02	DE M UNITS/DAY PER ELIG .053 .000 .047	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06	GE ·	01/17/03 COST PER ELIGIBLE .89 .00 .79
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2	EXPENDITURES 287.30 .00 255.29 32.01	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01	DE M UNITS/DAY PER ELIG .053 .000 .047 .006	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01	GE ·	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$	EXPENDITURES 287.30 .00 255.29 32.01 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01	DE M UNITS/DAY PER ELIG .053 .000 .047 .006	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00	GE ·	01/17/03
MOP024 SIERRA COUNTY 322 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00	GE -	01/17/03
MOP024 SIERRA COUNTY 322 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 5 5	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00	GE -	01/17/03
MOP024 SIERRA COUNTY 322 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 5 0 5 0	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00	DDE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00	GE -	01/17/03 COST PER ELIGIBLE
MOP024 SIERRA COUNTY 322 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 5 0 0 5	E/DENTAL FICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .00	GE -	01/17/03 COST PER ELIGIBLE
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 5 0 5 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000	ONTI S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .00 .00 .00	GE -	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0 0 5	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000	ONTH S (\$ \$	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE () 1	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .00 .20 .00 .00 .20
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 5 0 0 0 0 5 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000	ONTH S (\$ \$	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .13.00 .00 .00 .13.00 .00 .00	GE - () 1	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .00 .20 .00 .00 .00 .00 .0
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 5 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 5 \$ 0 0 5 \$ 0 0 5 \$ 0 0 5 \$ 0 0 5 \$ 0 0 5 \$ 0 5 \$ 0 5 \$ 0 5 \$ 0 5 \$ 0	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$ \$ \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000 .000	ONTH S (HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .13.00 .00 .00 .13.00 .00 .00 .00 .00 .00	GE - (1	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .20 .00 .00 .20 .00 .00 .0
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 5 0 0 5 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0 0 5 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .016 .000 .000 .000	ONTE S \$ \$ \$	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .13.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - (1)	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .20 .00 .00 .20 .00 .00 .0
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0 0 5 5 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$ \$ \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .016 .000 .000 .000 .016 .000	ONTE S C S S S S S S S S S S S S S S S S S S	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .13.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S S S S S S S S S S S S S S S S	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0 0 5 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$ \$ \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000 .000 .000	ONTE S \$ \$ \$	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .13.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0 0 5 5 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$ \$ \$ \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000 .000 .000	ONTE S C S S S S S S S S S S S S S S S S S S	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .13.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0 0 5 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$ \$ \$ \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	01/17/03 COST PER ELIGIBLE
MOP024 SIERRA COUNTY 322 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 6 0 5 1 0 0 0 0 5 0 0 0 0 0 13	E/DENTAL VICES FOR 34 MN - LT UNITS OF SERVICE OR DAYS OF CARE 17 \$ 0 15 2 0 \$ 0 0 5 \$ 0 0 0 5 \$ 0 0 \$ 0 5 \$ 0 \$ 0 \$	EXPENDITURES 287.30 .00 255.29 32.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$ \$ \$ \$	RAGE COST UNIT/DAY 16.90 .00 17.02 16.01 .00 .00 .00 .00 .00 .00 .00	DE M UNITS/DAY PER ELIG .053 .000 .047 .006 .000 .000 .000 .016 .000 .000 .016 .000 .000	ONTE S S S S S S S S S S S S S S S S S S S	HLY AVERA COST PER USER 47.88 .00 51.06 32.01 .00 .00 .00 .13.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	E	01/17/03 COST PER ELIGIBLE .89 .00 .79 .10 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	7	34	5,387.56	158.46	.106	769.65	16.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	19	367.82	19.36	.059	61.30	1.14
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	6	19	367.82	19.36	.059	61.30	1.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,815 MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

DIERRA COUNTI	DOMMANT OF DERVICED I	OIN JA PIIN	штио	AGED		AID C	000			~-	
200 51 16151 56	110550 10155				3.7.7		M				
322 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		DAYS OF CARE		00			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	53	\$	5,755.38	\$	108.59	.165	Ş	442.72	Ş	17.87
COMM HOSP INPATIENT TOTAL	7	34		5,387.56		158.46	.106		769.65		16.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	7	34		5,387.56		158.46	.106		769.65		16.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	19		367.82		19.36	.059		61.30		1.14
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	•	19									
CROSSOVERS/ALL OTH OUTPINT	0	19	Ś	367.82	Ś	19.36	.059	ċ	61.30	Ś	1.14
@STATE HOSPITAL	0	•	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	321	9,576	\$	1,376,275.49	\$	143.72	29.739	\$		\$	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10	340		34,215.22		100.63	1.056		3421.52		106.26
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 311 0	0 9 , 236		.00		.00	.000		.00		.00
LEV B-REGULAR	311	9,236		1,342,060.27		145.31	28.683		4315.31		4167.89
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	т	.00	-7	.00	.000	7	.00	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	Ś	.00
PATHOLOGY	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0				.00	.000		.00		.00
	133		Ċ	.00	Ċ			Ċ		Ċ	
@ORGANIZED OUTPATIENT CLINIC		224	Ş	9,604.82	\$	42.88	.696	Ş	72.22	\$	29.83
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	1CR		121.270	K	121.27	.0030	K	.00		.38CR
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	133	225		9,726.09		43.23	.699		73.13		30.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		RES MON	TH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 13,816
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES H	FOR 34 MN -	LTNG	- AGED		AID C	ODE				

					MON	THLY AVERAG	GE -	
322 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
	OF	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E.	LIGIBLE
@ALL OTHER PROVIDERS	31	77 \$	1,076.16	\$ 13.98	.239 \$	34.71	\$	3.34
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	19	25	629.74	25.19	.078	33.14		1.96
MEDICAL TRANSPORTATION	5	39	281.78	7.23	.121	56.36		.88
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	3	19	90.62	4.77	.059	30.21		.28
OTHER SERVICES	3	20	191.16	9.56	.062	63.72		.59
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	7	13	164.64	12.66	.040	23.52		.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	88	96 \$	10,077.96	\$ 104.98	.298 \$	114.52	\$	31.30
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION ITEM (ONLY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APPROP	PRIATE DETAIL LINES	S ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE DE	CTAIL LINES ABOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DE	C 2002	PAG	GE 13,817
MOP024	FEE-FOR-SERVICE/DEN	ITAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 35 MN - LTNG	G - BLIND	AID CC	DE			
					MON	TUTV ATTEDA	CF _	

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 .00 \$.00 .000 \$.00 \$.00 .00 OUTPATIENT VISITS .00 .000 .00 .00 OFFICE VISITS 0 0 .00 .00 .000 .00 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 .000 .00 .00 HOSPITAL VISITS 0 .00 .00 .00 .00 CRITICAL CARE .000 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00

EXAMINATIONS	0	0	.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
	0	0							
ANESTHESIOLOGIST	U	U	.00		.00	.000	.00		.00
DIALYSIS	Ü	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000	.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000	.00		.00
SNF/ICF	0	0	.00		.00	.000	.00		.00
OUTPATIENTS	0	0	.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00		.00
@DENTIST	0	0 \$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00	۲	.00
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
	0	0	.00				.00		.00
DRUGS	0	0			.00	.000			
ANESTHESIA	U	U	.00		.00	.000	.00		.00
PERIODONTICS	Ü	Ü	.00		.00	.000	.00		.00
ENDODONTICS	0	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR	JAN 2	002 THRU	DEC 2002	P	AGE 13,818
MOP024	FEE-FOR-SERVICE	:/DENTAL							01/17/03
SIERRA COUNTY		ICES FOR 35 MN - L	TNG - BLIND		AID COI	DE.			01/11/00
01211111 0001111	001111111111 01 02111	1020 1010 00 1110 1	2211.0				ONTHLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERACE		UNITS/DAY			COST PER
00 HIIGIBIDE	OBLIND	OR DAYS OF CARE	EMI ENDITORE	PER UNI		PER ELIG			ELIGIBLE
@OPTOMETRIST	0	0 \$.00		.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0 9	.00		.00	.000	.00	Y	.00
EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
	0	0							
OTHER OPTOMETRIC SERVICES	0	0 \$.00		.00	.000	.00	Ś	.00
@CHIROPRACTOR	U				.00	.000	\$.00	Ş	.00
VISITS	Û	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00

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@PODIATRIST

OTHER

MEDICINE/INJECTIONS

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

NURSE MIDWIFE	0		0	\$.00	\$.00		000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	. (000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	. (000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	. (000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0			.00		.00	. (000		.00		.00
HSC HOSPITALS	0		0			.00		.00	. (000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	. (000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	. (000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	. (000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	. (000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	. (000		.00		.00
ANCILLARIES	0		0			.00		.00	. (000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	. (000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	. (000		.00		.00
HOSP OUTPATIENT TOTAL	0		0			.00		.00	. (000		.00		.00
MEDICAL	0		0			.00		.00	. (000		.00		.00
SURGERY	0		0			.00		.00	. (000		.00		.00
PATHOLOGY	0		0			.00		.00	. (000		.00		.00
RADIOLOGY	0		0			.00		.00	. (000		.00		.00
ROOM USE	0		0			.00		.00	. (000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0			.00		.00	. (000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	. (000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0			.00		.00	. (000		.00		.00
HSC HOSPITALS	0		0			.00		.00	. (000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	. (000		.00		.00
ACCOMMODATIONS	0		0			.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	. (000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	. (000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	. (000		.00		.00
ANCILLARIES	0		0			.00		.00	. (000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	. (000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00		000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0			.00		.00	. (000		.00		.00
MEDICAL	0		0			.00		.00	. (000		.00		.00
SURGERY	0		0			.00		.00	. (000		.00		.00
PATHOLOGY	0		0			.00		.00	. (000		.00		.00
RADIOLOGY	0		0			.00		.00	. (000		.00		.00
ROOM USE	0		0			.00		.00	. (000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	. (000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EX	PENDITUR	ES MONT	H-OF-PAYME	NT R	EPORT FO	R JAN 2	2002 TI	HRU	DEC	2002	PA	GE 13,819
MOP024	FEE-FOR-SERVICE	E/DENTAL												01/17/03
SIERRA COUNTY	SUMMARY OF SERV	VICES FOR	35 MN -	LTNG -	BLIND			AID CC	ODE					
										M	10NTF	ILY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITU:	RES	AVERAG	E COST	UNITS	/DAY	rs c	COST PER	С	OST PER
		OR DAYS	OF CARE				PER UN	IT/DAY	PER I	ELIG	į	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	. (000	\$.00	\$.00

					1.1014	TILL AVEIVA	111
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 .00 0 .00 HEROIN DETOX CLINIC .00 0 0 RURAL HEALTH CLINIC .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,820 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST	PER IBLE
OR DAVIG OF CARE	IBLE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIG	
@ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00
DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00	.00
BLOOD BANK 0 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00	.00
OTHER TRANS 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SIERRA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,821
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 30 ELIGIBLES USERS PER UNIT/DAY PER ELIG USER ELIGIBLE 1,213 \$ 160,302.70 \$ 132.15 40.433 \$ 5171.05 \$ 5343.42 1 \$ 60.76 \$ 60.76 .033 \$ 60.76 \$ 2.03 @TOTAL, ALL PROVIDERS 31 60.76 \$ 60.76 .033 \$ 60.76 \$ 2.03 1 @PHYSICIANS SERVICES 0 0 .00 OUTPATIENT VISITS 0 .00 0 OFFICE VISITS 0 0 .00 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 0 0 .00 0 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OMITED OF THE PARTY OF THE PART	0	0		0.0		2.0	000		0.0		0.0
OTHER OUTPATIENT	0	0		.00			000		.00		.00
INPATIENT VISITS	0	0		.00			000		.00		.00
HOSPITAL VISITS	0	0		.00			.000		.00		.00
CRITICAL CARE	0	0		.00			000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00			000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00			000		.00		.00
EXAMINATIONS	0	0		.00		00 .	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		. 00	000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	•	. 00	000		.00		.00
PRINCIPAL SURGEON	0	0		.00		. 00	000		.00		.00
ASSISTANT SURGEON	0	0		.00		. 00	000		.00		.00
ANESTHESIOLOGIST	0	0		.00		00 .	000		.00		.00
OUTPATIENT SURGERY	0	0		.00	_	00 .	000		.00		.00
PRINCIPAL SURGEON	0	0		.00			000		.00		.00
ASSISTANT SURGEON	0	0		.00			000		.00		.00
ANESTHESIOLOGIST	0	0		.00			000		.00		.00
DIALYSIS	0	0		.00			000		.00		.00
PATHOLOGY	0	0		.00			000		.00		.00
RADIOLOGY	0	0		.00			.000		.00		.00
PSYCHIATRY	0	0		.00			.000		.00		.00
	0	0		.00			.000		.00		
IMMUNIZATION AND INJECTION	1	1		60.76	60.		.000				.00
OTHER SERVICES/ALL X-OVERS	-		^					<u> </u>	60.76	<u> </u>	2.03
@PHARMACY	31	206	\$	11,549.14	\$ 56.		867	Ş	372.55	Ş	384.97
PRESCRIPTION DRUGS	31	206		11,549.14	56.		867		372.55		384.97
SNF/ICF	31	206		11,549.14	56.		867		372.55		384.97
OUTPATIENTS	0	0		.00			000		.00		.00
MEDICAL SUPPLIES	0	0		.00			.000		.00		.00
@DENTIST	0	0	\$.00			.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		. 00	.000		.00		.00
ORAL SURGERY	0	0		.00		. 00	000		.00		.00
DRUGS	0	0		.00		. 00	000		.00		.00
ANESTHESIA	0	0		.00	•	. 00	000		.00		.00
PERIODONTICS	0	0		.00		. 00	000		.00		.00
ENDODONTICS	0	0		.00		00 .	000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		00 .	000		.00		.00
PROSTHETICS	0	0		.00	•	00 .	000		.00		.00
DENTURES, STAYPLATES	0	0		.00	_		000		.00		.00
SPACE MAINTAINERS	0	0		.00			000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00			000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00			000		.00		.00
ORTHODONTIC SERVICES	0	0		.00			000		.00		.00
ALL OTHER SERVICES	0	0		.00			.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO					DEC		D7	AGE 13,822
MOP024	FEE-FOR-SERVICE/D		LO MC	MIII OF FAIMENT N	EFORT FOR	JAN 2002 1	. 11110	טביכ	2002	LI	01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE		T IIINIC	DICADIED	70	ID CODE					01/11/03
SIERRA COUNTI	SUMMARI OF SERVIC.	25 FOR 36 MM -	LING	- DISABLED	A			r∩nımı	II W A 1777 D A	CE	
30 ELICIDIES	HOEDO	ITHC OF CEDITOR		EADENDIMIDEO	ATTED A CE				HLY AVERA		
30 ELIGIBLES		NITS OF SERVICE		EXPENDITURES		COST UNITS					COST PER
O O DECMEED TOE		OR DAYS OF CARE	Ċ	255 52		/DAY PER			USER		ELIGIBLE
@OPTOMETRIST	2	6	\$	357.53	\$ 59.		200	Ş	178.77	Ş	11.92
DIAGNOSTIC AND ANC. PROCED	1	1		75.11	75.	LI .	033		75.11		2.50

.033 5 EYE APPLIANCES 282.42 56.48 .167 141.21 9.41 0 .00 .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 \$ @CHIROPRACTOR 0 .00 .000 \$.00 \$.00 .00 0 VISITS 0 .00 .000 .00 .00 0 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 \$.00 .000 \$.00 \$ @PODIATRIST .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	•	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	
@TOTAL HOSPITAL	0	0 \$	37.44	\$.00	.000 \$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	0	0	.00			.00	.00
	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0					
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	37.44	.00	.000	.00	1.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	37.44	.00	.000	.00	1.25
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE			2002	PAGE 13,823
MOP024	FEE-FOR-SERVICE	/					01/17/03
SIERRA COUNTY		ICES FOR 36 MN - LTNG	- DISABLED	AID CO	DDE		
					MONT	HLY AVERA	GE
30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
11 221222	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	37.44	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	-	•	• 0 0	• • •			• • • •

0

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.00

.00

0

ACCOMMODATIONS

MDMINIDINGILVE DMID	0	0		• 0 0		• 0 0	.000		• 0 0		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		37.44		.00	.000		.00		1.25
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									
CROSSOVERS/ALL OTH OUTPINT	0	0	Ċ	37.44	Ċ	.00	.000	Ċ	.00	Ċ	1.25
@STATE HOSPITAL	U	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	Ü	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	31	973	\$	147,299.59	\$	151.39	32.433	\$		\$	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	31	973		147,299.59		151.39	32.433		4751.60		4909.99
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.000	\$.00	\$.00
ICF DDH	0	0	·	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ġ	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	7	.00	٧	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	ċ	.00		ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	Ą		Ą		.000	۲		۲	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U	0		.00		.00	.000		.00	_	.00
@LABORATORY FACILITY	U	0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
PATHOLOGY	Ü	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	19	25	\$	981.60	\$	39.26	.833	\$	51.66	\$	32.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	25		981.60		39.26	.833		51.66		32.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 13,824
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 36 MN	- LTNG	G - DISABLED		AID CO	DDE				
							M	ONT	HLY AVERA	GE.	
30 ELIGIBLES	USERS	UNITS OF SERVICE	Έ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	'S	COST PER		COST PER
	0.0	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	16.64	\$	8.32	.067	\$	16.64	\$.55
DURABLE MED. EQUIP.	0	0	Ψ	.00	7	.00	.000	т	.00	т	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		
		0									.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

0

0

ADMINISTRATIVE DAYS

.00

.00

.000

.00

.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.067	16.64	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	3	\$ 313.11	\$ 104.37	.100	\$ 44.73	\$ 10.44

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 13,825
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	\equiv	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	ċ	.00	.00	.000	.00	ċ	.00
@DENTIST	0	0	\$.00	\$.00 .00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PF	AGE 13,826
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 37 MN	- LTNG	- FAMILIES	DISCONT	ΓIN			
						MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00			\$.00
NURSE ANESTHESIST	0	0	¢	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	¢	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ	.00	\$.00		\$.00	\$.00
	0	0	ب خ					
FAMILY NURSE PRACTITIONER	· ·		۶ \$.00				
@TOTAL HOSPITAL	0	0	Ş	.00	\$.00		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00			\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ą	.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0						
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	•	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	RES MON					PAGE 13,827
MOP024	FEE-FOR-SERVICE						-	01/17/03
SIERRA COUNTY		ICES FOR 37 MN -	- LTNG	- FAMILIES	DISC	ONTIN		,, -0
+					2200		NTHLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE CO			COST PER

		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	Ō	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
	0	0			.00			.000		.00		
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0			.00		.00	.000		.00		.00
	0	0										.00
SURGERY	0				.00		.00	.000		.00		.00
PATHOLOGY	U	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т		.00	4	.00	.000	4	.00	7	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т		.00	т	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	٧		.00	٧	.00	.000	Y	.00	٧	.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
	0	0	Ą			Ą			Ą		Ą	
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	•			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	•	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0					.00			.00		.00
#CALIF DEPT OF HEALTH SERV			ES MOI	N'I'H-OF'-PAYMI	ENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002	Ρ.	•
	FEE-FOR-SERVICE											01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	LTNG	- FAMILIES								
										HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES							
_		OR DAYS OF CARE					. UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000			\$	
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,829
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

SIERRA COUNTI	DOMESTIC OF DELC	VICES FOR SO MEDI	СИППІ	NEEDI EING				
						MON	ITHLY AVERAG	GE
352 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	375	12,425	\$	1,622,130.18	\$ 130.55	35.298 \$	4325.68	\$ 4608.32
@PHYSICIANS SERVICES	22	39	\$	535.73	\$ 13.74	.111 \$	24.35	\$ 1.52
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.00	0	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.00	0	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.00	0	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.00	0	.00		.00
DIALYSIS	0	0		.00		.00	.00	0	.00		.00
PATHOLOGY	0	0		.00		.00	.00	0	.00		.00
RADIOLOGY	0	0		.00		.00	.00	0	.00		.00
PSYCHIATRY	0	0		.00		.00	.00	0	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.00	0	.00		.00
OTHER SERVICES/ALL X-OVERS	22	39		535.73		13.74	.11	1	24.35		1.52
@PHARMACY	272	1,412 \$		77,863.50	\$	55.14	4.01	1 \$	286.26	\$	221.20
PRESCRIPTION DRUGS	272	1,412		77,863.50		55.14	4.01	1	286.26		221.20
SNF/ICF	253	1,354		75,964.38		56.10	3.84	7	300.25		215.81
OUTPATIENTS	27	58		1,899.12		32.74	.16	5	70.34		5.40
MEDICAL SUPPLIES	0	0		.00		.00	.00	0	.00		.00
@DENTIST	5	16 \$		1,974.00	\$	123.38	.04	5 \$	394.80	\$	5.61
VISITS - DIAGNOSTIC	3	12		174.00		14.50	.03	4	58.00		.49
ORAL SURGERY	0	0		.00		.00	.00	0	.00		.00
DRUGS	0	0		.00		.00	.00	0	.00		.00
ANESTHESIA	0	0		.00		.00	.00	0	.00		.00
PERIODONTICS	0	0		.00		.00	.00	0	.00		.00
ENDODONTICS	0	0		.00		.00	.00	0	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.00	0	.00		.00
PROSTHETICS	0	0		.00		.00	.00	0	.00		.00
DENTURES, STAYPLATES	2	4		1,800.00		450.00	.01	1	900.00		5.11
SPACE MAINTAINERS	0	0		.00		.00	.00	0	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.00	0	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.00	0	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.00	0	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.00	0	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF	-PAYMENT I	REPORT	FOR JAN	2002 THE	U DE	C 2002	PA	AGE 13,830
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

SIERRA COUNTY	SUMMARY OF SERV	VICES FOR 3	88 MEDI	CALLY	Y NEEDY - LTNG			M			CE.	
352 ELIGIBLES	USERS	UNITS OF S	יבסזוד כב		EXPENDITURES	7/17/27	DACE COCH	UNITS/DAY			.GE	COST PER
SSZ ELIGIBLES	OSERS	OR DAYS O			EVLENDIIOVES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	OR DAID O	23	\$	644.83	\$	28.04	.065		80.60	Ś	1.83
DIAGNOSTIC AND ANC. PROCED	1		1	Y	75.11	Y	75.11	.003	7	75.11	۲	.21
EYE APPLIANCES	7		20		537.71		26.89	.057		76.82		1.53
OTHER OPTOMETRIC SERVICES	1		2		32.01		16.01	.006		32.01		.09
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	Y	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	5		5	\$	65.00	\$	13.00	.014	Ċ	13.00	\$.18
MEDICINE/INJECTIONS	0		0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	5		5		65.00		13.00	.014		13.00		.18
@HOME HEALTH AGENCY	0		0	Ċ	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	ç	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	ç	.00	.000	- 1	.00	\$.00
	· ·		0	ب خ		ې خ		.000	Ş		\$	
PEDIATRIC NURSE PRACTITIONEF FAMILY NURSE PRACTITIONER	0		0	ې د	.00	\$.00		\$.00		.00
	13		53	۶ S	.00	\$ \$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	13 7		34	Ą	5,792.82	Ą	109.30 158.46		\$	445.60	Ş	16.46
HOSP INPATIENT TOTAL	0				5 , 387.56			.097		769.65		15.31
HSC HOSPITALS	U		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	/		34		5,387.56		158.46	.097		769.65		15.31
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6		19		405.26		21.33	.054		67.54		1.15
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	7 6		19		405.26		21.33	.054		67.54		1.15
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 38 MEDIC	АЬЬ	Y NEEDY - LING			2.4	- NTM		C.D.	
352 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.777		UNITS/DAY		HLY AVERA		COST PER
225 EFIGIPTE2	USEKS	OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1.3		\$	5,792.82	\$	109.30	.151		445.60	\$	16.46
COMM HOSP INPATIENT TOTAL	7	34	۲	5,792.82 5,387.56	Ą	158.46	.097	۲	769.65	۲	15.31
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	7	34		5,387.56		158.46	.097		769.65		15.31
ALL OTHER INPATIENT	ń	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	19		405.26		21.33	.054		67.54		1.15
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	6	19		405.26		21.33	.054		67.54		1.15
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	352	10,549	\$	1,523,575.08	\$	144.43	29.969	\$	4328.34	\$	4328.34
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10	340		34,215.22		100.63	.966		3421.52		97.20
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	342	10,209		1,489,359.86		145.89	29.003		4354.85		4231.14
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	Ċ	.00	Ś	.00	.000	Ċ	.00	ć	.00
@LABORATORY FACILITY	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00			.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	152	249	Ś	10,586.42	\$	42.52	.000	Ś	69.65	Ś	30.08
CLINIC CLINIC	132	249	Ą	.00	Ą	.00	.000	Ş	.00	Ą	.00
SURGICENTER	0	1CR		121.27CR		121.27	.0030	סי	.00		.34CR
HEROIN DETOX CLINIC	0	0		.00		.00	.0030	.1/	.00		.00
RURAL HEALTH CLINIC	152	250		10,707.69		42.83	.710		70.45		30.42
#CALIF DEPT OF HEALTH SERV			S M	ONTH-OF-PAYMENT RE	POR™			DEC		D	AGE 13,832
MOP024	FEE-FOR-SERVICE/		1-1	OLITI OL LATRIDINI NE	01/1	ION OAN	2002 1111(0	ب ندر	2002	E	01/17/03
SIERRA COUNTY		CES FOR 38 MEDIC	AI.T.	Y NEEDY - LTNG							31/1//03

					MON'	THLY AVERA	GE				
352 ELIGIBLES	USERS UNI	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CO	ST PER			
	OI	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE			
@ALL OTHER PROVIDERS	32	79 \$	1,092.80	\$ 13.83	.224 \$	34.15	\$	3.10			
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00			
BLOOD BANK	0	0	.00	.00	.000	.00		.00			
HEARING AID DISPENSERS	19	25	629.74	25.19	.071	33.14		1.79			
MEDICAL TRANSPORTATION	5	39	281.78	7.23	.111	56.36		.80			
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00			
OTHER TRANS	3	19	90.62	4.77	.054	30.21		.26			
OTHER SERVICES	3	20	191.16	9.56	.057	63.72		.54			
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00			
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00			
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00			
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00			
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000			.00			
OPTICIAN	8	15	181.28	12.09	.043	22.66		.52			
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00			
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00			
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00			
PROSTHETICS	0	0	.00	.00	.000	.00		.00			
ORTHOTICS	0	0	.00	.00	.000	.00		.00			
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00			
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00			
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00			
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00			
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00			
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00			
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00			
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00			
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00			
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00			
@XOVER EXCLUDING STATE HOSP**	95	99 \$	10,391.07	\$ 104.96	.281 \$	109.38	\$	29.52			
	* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;										
THE AMOUNTS ARE ALREADY INCLU			ABOVE.								
** THESE DATA ARE INCLUDED IN T											
#CALIF DEPT OF HEALTH SERV ME	EDI-CAL SERVICES A	AND EXPENDITURES MOD	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAG	E 13,833			

----- MONTHLY AVERAGE -----439 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 422 11,719 \$ 1,512,275.36 \$ 129.04 26.695 \$ 3583.59 \$ 3444.82 34 @PHYSICIANS SERVICES 65 1,044.09 \$ 16.06 .148 \$ 30.71 \$ 2.38 0 .00 .00 .000 .00 .00 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .000 OFFICE VISITS 0 0 .00 .00 .000 .00 HOME VISITS .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 .000 .00 .00 HOSPITAL VISITS 0 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00

01/17/03

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

MOP024

SIERRA COUNTY

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	Ō		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	Ō		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	34	65		1,044.09		16.06	.148		30.71		2.38
@PHARMACY	295	1,358	\$	82,080.73	\$	60.44	3.093	\$	278.24	\$	186.97
PRESCRIPTION DRUGS	295	1,358	·	82,080.73	·	60.44	3.093	•	278.24	•	186.97
SNF/ICF	227	1,166		66,309.51		56.87	2.656		292.11		151.05
OUTPATIENTS	77	192		15,771.22		82.14	.437		204.82		35.93
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	6	17	\$	1,999.00	\$	117.59	.039	\$	333.17	\$	4.55
VISITS - DIAGNOSTIC	4	13		199.00		15.31	.030		49.75		.45
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		1,800.00		450.00	.009		900.00		4.10
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	JRES	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2002 THRU	DEC	2002	PA	AGE 13,834
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 39 MED	DICAL	LY NEEDY - AGED							
							M	ONTE	HLY AVERA	GE -	
400							/	~ .			

							0111		ш	
439 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	17	\$ 287.30	\$	16.90	.039	\$	47.88	\$.65
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	5	15	255.29		17.02	.034		51.06		.58
OTHER OPTOMETRIC SERVICES	1	2	32.01		16.01	.005		32.01		.07
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	6	6	\$ 70.80	\$	11.80	.014	\$	11.80	\$.16
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	6	6	70.80		11.80	.014		11.80		.16
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25	114	\$ 9,530.28	\$ 83.60	.260	\$ 381.21	\$ 21.71
HOSP INPATIENT TOTAL	10	55	8,135.69	147.92	.125	813.57	18.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	55	8,135.69	147.92	.125	813.57	18.53
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	15	59	1,394.59	23.64	.134	92.97	3.18
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	15	59	1,394.59	23.64	.134	92.97	3.18
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,835
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 39 MEDICALI	LY NEEDY - AGED				

SIERRA COUNTY	SUMMARY OF SER	VICES FOR 39 MEI	DICALLY	NEEDY - AGED							
							M		HLY AVERA	GE	
439 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	114	\$	9,530.28	\$	83.60	.260	\$	381.21	\$	21.71
COMM HOSP INPATIENT TOTAL	10	55		8,135.69		147.92	.125		813.57		18.53
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	55		8,135.69		147.92	.125		813.57		18.53
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	15	59		1,394.59		23.64	.134		92.97		3.18
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	15	59		1,394.59		23.64	.134		92.97		3.18
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	328	9,768	\$	1,403,929.71	\$	143.73	22.251	\$	4280.27	\$	3198.02
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10	340		34,215.22		100.63	.774		3421.52		77.94
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	318	9,428		1,369,714.49		145.28	21.476		4307.28		3120.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	156	251	\$	11,301.75	\$	45.03	.572	\$	72.45	\$	25.74
CLINIC	0	0		.00		.00	.000		.00		.00

SURGICENTER 0 1CR 121.27CR 121.27 .002CR .00 .28CR
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 156 252 11,423.02 45.33 .574 73.22 26.02
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,836
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

DIENGI OCCIVII	COLUMN OF SER	VIOLO IOR 33 IMBIORE	EI NEEDI 110ED		1401		Ω Π
420						THLY AVERA	
439 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	39	123 \$	2,031.70	\$ 16.52	.280		•
DURABLE MED. EQUIP.	1	1	60.74	60.74	.002	60.74	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	22	28	1,324.47	47.30	.064	60.20	3.02
MEDICAL TRANSPORTATION	6	76	373.92	4.92	.173	62.32	.85
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	19	90.62	4.77	.043	30.21	.21
OTHER SERVICES	4	57	283.30	4.97	.130	70.83	.65
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	15	190.72	12.71	.034	23.84	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3	81.85	27.28	.007	40.93	.19
@CALIF. CHILDREN SERVICES*	0	0 S	.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	115	205 \$	14,774.60	\$ 72.07	.467		\$ 33.66
G+ MOMAIC IN MURCE ITAGE ADE			•				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,837 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

						MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C .		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0							
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	•	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MC	NTH-OF-PAYMENT RE	EPORT F	OR JAN 2	2002 THRU DE	C 2002	PAGE 13,838
MOP024	FEE-FOR-SERVICE/DENTAI								01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR 40 MED	ICALLY	NEEDY - BLIND					
							MON	THLY AVERAG	E
00 ========			_			~- ~~~	/	~~~~	~~~~ ~~~

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR 0 0 .00 .00 .000 .00 .00 VISITS 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 .000 \$ @PODIATRIST .00 \$.00 .00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,839
MOP024	FEE-FOR-SERVICE						01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 40 MEDICAL	LY NEEDY - BLIND		MONT	TIIT 11 311TT 3	C.D.
00 811018180	Hanna	INTEG OF GERLING		717ED 7 CE COCE	MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ACOMMINITY HOSPITAL TOTAL	^	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00

ACCOMMODATIONS

.00

.00

.000

.00

.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-OF-	-PAYMENT REE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 13,840
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	R 40 MEDIC	ALLY NEEDY	- BLIND				
						M	MONTHLY AVERA	GE

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,841 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MOI	ITHLY AVERA	GΕ	
126 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	2		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	116	1,631	\$	182,855.78	\$	112.11	12.944	1576.34	\$	1451.24
@PHYSICIANS SERVICES	10	17	\$	262.72	\$	15.45	.135	26.27	\$	2.09

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00	.0	0 .000		.00		.00
OFFICE VISITS	0	0		.00	. 0	0 .000		.00		.00
HOME VISITS	0	0		.00	.0	0 .000		.00		.00
EMERGENCY ROOM	0	0		.00	. 0	0 .000		.00		.00
PREVENTIVE CARE	0	0		.00	. 0	0 .000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	. 0			.00		.00
OTHER OUTPATIENT	0	0		.00	. 0			.00		.00
INPATIENT VISITS	0	0		.00	. (.00		.00
HOSPITAL VISITS	0	0		.00	. (.00		.00
CRITICAL CARE	0	0		.00	. (.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	. (.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	. (.00		.00
	0	0								
EXAMINATIONS	0	0		.00	. (.00		.00
SERVICES AND MATERIALS	-	-		.00	. 0			.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	. 0			.00		.00
PRINCIPAL SURGEON	0	0		.00	. 0			.00		.00
ASSISTANT SURGEON	0	0		.00	. 0			.00		.00
ANESTHESIOLOGIST	0	0		.00	. 0			.00		.00
OUTPATIENT SURGERY	0	0		.00	. 0			.00		.00
PRINCIPAL SURGEON	0	0		.00	. (.00		.00
ASSISTANT SURGEON	0	0		.00	. 0	0 .000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.0	0 .000		.00		.00
DIALYSIS	0	0		.00	. 0	0 .000		.00		.00
PATHOLOGY	0	0		.00	. 0	0 .000		.00		.00
RADIOLOGY	0	0		.00	. 0	0 .000		.00		.00
PSYCHIATRY	0	0		.00	. 0	0 .000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	. 0	0 .000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	17		262.72	15.4	5 .135		26.27		2.09
@PHARMACY	106	469	\$	27,574.81	\$ 58.7			260.14	Ś	218.85
PRESCRIPTION DRUGS	106	469	'	27,574.81	58.7			260.14		218.85
SNF/ICF	32	208		11,641.24	55.9			363.79		92.39
OUTPATIENTS	74	261		15,933.57	61.0			215.32		126.46
MEDICAL SUPPLIES	0	0		.00	.0			.00		.00
@DENTIST	1	9	\$	91.00	\$ 10.1			91.00	Ś	.72
VISITS - DIAGNOSTIC	1	9	Υ	91.00	10.1			91.00	7	.72
ORAL SURGERY	0	0		.00	.0.1			.00		.00
DRUGS	0	0		.00	. (.00		.00
ANESTHESIA	0	0		.00	. (.00		.00
PERIODONTICS	0	0		.00	. (.00		.00
ENDODONTICS ENDODONTICS	0	0		.00	. (.00		.00
	0	0		.00	. (.00		
RESTORATIVE DENTISTRY	0	0								.00
PROSTHETICS	0	0		.00	. (.00		.00
DENTURES, STAYPLATES	-	-		.00	. 0			.00		.00
SPACE MAINTAINERS	0	0		.00	. 0			.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	. 0			.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	. 0			.00		.00
ORTHODONTIC SERVICES	0	0		.00	. 0			.00		.00
ALL OTHER SERVICES	0	0		.00	.0			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		RES MO	NTH-OF-PAYMENT RE	PORT FOR J	AN 2002 THRU	DEC	2002	P.	AGE 13,842
MOP024	FEE-FOR-SERVICE/DENTA									01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES I	FOR 41 MED	ICALLY	NEEDY - DISABLED						
							LNOW	THLY AVERA	GE ·	

126 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

OR DAYS OF CARE

OR DAYS OF CARE

OPTOMETRIST

DIAGNOSTIC AND ANC. PROCED

OSERS

ONITS OF SERVICE

EXPENDITORES

AVERAGE COST UNITS/DAYS

PER UNITS/DAYS

OUSER

EXPENDITORES

AVERAGE COST UNITS/DAYS

OUSER

PER UNITS/DAYS

OUSER

DER UNITS/DAYS

OUSER

OUSER

ELIGIBLE

75.11

75.11

.008

75.11

.60

EYE APPLIANCES	4	11		388.64		35.33	.087		97.16		3.08
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	т.	.00	т.	.00	.000	-	.00	т.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER	· ·		A	.00	^	.00	.000	<u> </u>	.00	<u> </u>	.00
@HOME HEALTH AGENCY	0	0	\$.00		.00	.000		.00	Ş	.00
NURSE ANESTHESIST	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	52	\$	744.59	\$	14.32	.413	\$	82.73	\$	5.91
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ALL OTHER ACCOM	· ·	-				.00	.000				.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	52		744.59		14.32	.413		82.73		5.91
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		18.06		.00	.000		.00		.14
RADIOLOGY	1	1		129.12		129.12	.008		129.12		1.02
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	8	51		597.41		11.71	.405		74.68		4.74
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ	.00	7	.00	.000	Y	.00	Υ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
	0	0									.00
ACCOMMODATIONS	0	-		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	_	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	· ·	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	-	REG MO					DEC		D7/C	E 13,843
MOP024	FEE-FOR-SERVICE/DENTAL	VEDIANTIO	רהיט ויור	JIVIII OF FAIMENT	viie OK 1	L FOR UMN ZUUZ	TIIVU	חהר	2002		01/17/03
		/1 MDD:	T () T T T T	A MEEDA DIGIDA	ם בו						01/1//03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	. 41 MED.	тСАГГХ	T MEENT - NISARF	בע			MUVIU.	IIV AVERA	CF	

----- MONTHLY AVERAGE -----

		OR DAYS OF (CARE		PE1	R UNIT/DAY	PER ELIG	3	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	52		744.59		14.32	.413		82.73	\$	5.91
COMM HOSP INPATIENT TOTAL	0)	.00		.00	.000		.00		.00
HSC HOSPITALS	0	(.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	(.00		.00	.000		.00		.00
ACCOMMODATIONS	0	(.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	(.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	(.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	(.00		.00	.000		.00		.00
ANCILLARIES	0	(.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	(.00		.00	.000		.00		.00
	0	(
ALL OTHER INPATIENT	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	52		744.59		14.32	.413		82.73		5.91
MEDICAL	0	(.00		.00	.000		.00		.00
SURGERY	0	(-	.00		.00	.000		.00		.00
PATHOLOGY	0	()	18.06		.00	.000		.00		.14
RADIOLOGY	1	-	L	129.12		129.12	.008		129.12		1.02
ROOM USE	0	(.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8	51		597.41		11.71	.405		74.68		4.74
@STATE HOSPITAL	0	() \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	()	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	()	.00		.00	.000		.00		.00
@NURSING FACILITY	31	973	3 \$	147,299.59	\$	151.39	7.722	\$	4751.60	\$	1169.04
LEV A-INTERMEDIATE	0	()	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	()	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	()	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	()	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	()	.00		.00	.000		.00		.00
LEV B-REGULAR	31	973	3	147,299.59		151.39	7.722		4751.60		1169.04
@INTERMEDIATE CARE FACILDD	0	() \$.00		.00	.000	\$.00	\$.00
ICF DDH	0	()	.00		.00	.000		.00	·	.00
ICF DD	0	()	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	()	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	(.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	(.00	т	.00	.000	4	.00	- 1	.00
HEMODIALYSIS CENTER	0	()	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	(.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	(-	.00	т	.00	.000	т	.00	т	.00
INDEPENDENT FACILITY	0	(•	.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	(.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	(- '	.00	Υ	.00	.000	Ψ.	.00	7	.00
XO AND OTHERS	0	(.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	48	8.2		5,174.65	\$	63.88	.643	\$	107.81	\$	41.07
CLINIC	1	0 -		42.46	۲	42.46	.008	Y	42.46	Y	.34
SURGICENTER		- (.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	(
RURAL HEALTH CLINIC	47	8(-	.00 5,132.19		.00 64.15	.000		.00 109.20		.00 40.73
				J,132.19 MONTH-OF-PAYMENT I						_	40.73 AGE 13,844
#CALIF DEPT OF HEALTH SERV			LTUKES I	MONTH-OF-PAIMENT	KEPUK:	I FOR JAN 2	2002 THRU	DEC	. 2002	F	•
MOP024	FEE-FOR-SERVICE		4DDT 03 T	I V NIDDOV DIGADI							01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 41 I	чЕПТСАГ.	LY NEEDY - DISABLI	មប		3.4	(יי חווא א דווו יי חווא א דווו	CE	
126 ELTOTRIBO	HOEDO	IINITHO OF OFFI	T CE		71 77	EDACE COCE	M			-	
126 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES		ERAGE COST					COST PER
0311 05455 55044555	1.1	OR DAYS OF (1 044 65		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	11	18		1,244.67		69.15	.143	Ş		Ş	9.88
DURABLE MED. EQUIP.	0	(.00		.00	.000		.00		.00

BLOOD BANK

0

0

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.00

HEARING AID DISPENSERS	2	4		647.76	161.94	.032)	323.88	5.14
MEDICAL TRANSPORTATION	0	0		.00	.00	.000)	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000)	.00	.00
OTHER TRANS	0	0		.00	.00	.000)	.00	.00
OTHER SERVICES	0	0		.00	.00	.000)	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000)	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000)	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000)	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000)	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000)	.00	.00
OPTICIAN	3	6		68.80	11.47	.048	3	22.93	.55
PHYSICAL THERAPIST	0	0		.00	.00	.000)	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000)	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000)	.00	.00
PROSTHETICS	0	0		.00	.00	.000)	.00	.00
ORTHOTICS	0	0		.00	.00	.000)	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000)	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000)	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000)	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000)	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000)	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000)	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000)	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000)	.00	.00
ALL OTHER PROVIDERS	6	8		528.11	66.01	.063		88.02	4.19
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000) \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	28	78	\$	1,603.15	\$ 20.55	.619	\$	57.26	\$ 12.72

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,845 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

							M	ONT	HLY AVERA	GE	
1,682 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
,		OR DAYS OF CA	RE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	27	79	\$	2,088.87	\$	26.44	.047		77.37	Ś	1.24
DIAGNOSTIC AND ANC. PROCED	22	22		1,019.04		46.32	.013		46.32		.61
EYE APPLIANCES	20	55		1,034.42		18.81	.033		51.72		.61
OTHER OPTOMETRIC SERVICES	2	2		35.41		17.71	.001		17.71		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ċ	.00	\$.00
VISITS	0	0	۲	.00	Y	.00	.000	Y	.00	Ÿ	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		ċ		ċ	
•	0		Ą		Ş		.000	Þ	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	7	\$	455.21	\$	65.03	.004		227.61	\$.27
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	176	819	\$	92 , 491.26	\$	112.93	.487	\$	525.52	\$	54.99
HOSP INPATIENT TOTAL	14	57		71,829.71		1260.17	.034		5130.69		42.70
HSC HOSPITALS	2	7		4,900.00		700.00	.004		2450.00		2.91
NON-HSC HOSPITAL TOTAL	11	46		66,137.71		1437.78	.027		6012.52		39.32
ACCOMMODATIONS	11	46		16,768.51		364.53	.027		1524.41		9.97
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11	46		16,768.51		364.53	.027		1524.41		9.97
ANCILLARIES	11	0		49,369.20		.00	.000		4488.11		29.35
INPATIENT CROSSOVERS	1	4		792.00		198.00	.002		792.00		.47
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	170	762		20,661.55		27.11	.453		121.54		12.28
MEDICAL	38	50		2,072.81		41.46	.030		54.55		1.23
SURGERY	17	19		1,044.89		54.99	.011		61.46		.62
PATHOLOGY	93	251		2,910.72		11.60	.149		31.30		1.73
RADIOLOGY	44	77		6,616.70		85.93	.046		150.38		3.93
ROOM USE	69	113		4,036.13		35.72	.067		58.49		2.40
CROSSOVERS/ALL OTH OUTPINT	52	252		3,980.30		15.79	.150		76.54		2.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ċ		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	۲	.00	۲	.00	.000	۲	.00	ې	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0										
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	ŭ	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,847 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

SIERRA COUNTI	SUMMARY OF SERVI	CES FOR 42 MEDICALL	I NEEDI - FAMILII	LS	MON	miii	с п	
1 (00 ELICIDIES	USERS	INTEG OF GERVICE	EXPENDIMIDEC	ATTEDACE COC	MON			
1,682 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	PER UNIT/DA		COST PER		COST PER
@COMMUNITY HOSPITAL TOTAL	176	OR DAYS OF CARE 819 \$	92,491.26		.487 \$	USER 525.52	\$	ELIGIBLE 54.99
COMM HOSP INPATIENT TOTAL	14	57	71,829.71	1260.17	.407 \$	5130.69	Ą	42.70
HSC HOSPITALS	2	7	4,900.00	700.00	.004	2450.00		2.91
NON-HSC HOSPITALS TOTAL	11	46	66,137.71	1437.78	.027	6012.52		39.32
	11	46	16,768.51			1524.41		9.97
ACCOMMODATIONS	0	40	•		.027	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	11	46	16,768.51	364.53	.027	1524.41		9.97
	11	0	49,369.20		.027	4488.11		29.35
ANCILLARIES	1	4	792.00		.000	792.00		29.35 .47
INPATIENT CROSSOVERS	0	0						
ALL OTHER INPATIENT	170	-	.00		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL		762	20,661.55	27.11	.453	121.54		12.28
MEDICAL	38	50	2,072.81	41.46	.030	54.55		1.23
SURGERY	17	19	1,044.89	54.99	.011	61.46		.62
PATHOLOGY	93	251	2,910.72		.149	31.30		1.73
RADIOLOGY	44	77	6,616.70	85.93	.046	150.38		3.93
ROOM USE	69	113	4,036.13	35.72	.067	58.49		2.40
CROSSOVERS/ALL OTH OUTPTNT	52	252	3,980.30	15.79	.150	76.54		2.37
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	1	2 \$	440.22	•	.001 \$		\$.26
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	1	2	440.22	220.11	.001	440.22		.26
@INTERMEDIATE CARE FACILDD	0	0 \$.00	•	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	33	82 \$	1,332.60	\$ 16.25	.049 \$	40.38	\$.79
PATHOLOGY	33	82	1,332.60	16.25	.049	40.38		.79
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	350	560 \$	77,670.95	\$ 138.70	.333 \$	221.92	\$	46.18
CLINIC	8	34	854.30	25.13	.020	106.79		.51
SURGICENTER	1	8	274.34	34.29	.005	274.34		.16
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	343	518	76,542.31	147.77	.308	223.16		45.51
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	ONTH-OF-PAYMENT I	REPORT FOR JAN	2002 THRU DE	C 2002	P	AGE 13,848
MOP024	FEE-FOR-SERVICE/	DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 42 MEDICALL	Y NEEDY - FAMILII	ES				

					MON	THLY AVERA	GE
1,682 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	57	555 \$	13,570.22	\$ 24.45	.330 \$	238.07	\$ 8.07
DURABLE MED. EQUIP.	1	1	85.65	85.65	.001	85.65	.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	222	6,367.88	28.68	.132	636.79	3.79
AMBULANCES/AIR TRANS	9	220	2,767.88	12.58	.131	307.54	1.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,600.00	1800.00	.001	1800.00	2.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	475.00	95.00	.003	95.00	.28
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	39	373.76	9.58	.023	20.76	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	88.99	44.50	.001	88.99	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	126	1,074.10	8.52	.075	119.34	.64
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	160	5,104.84	31.91	.095	340.32	3.03
@CALIF. CHILDREN SERVICES*	5	51 \$	•	\$ 113.12	.030 \$		
@XOVER EXCLUDING STATE HOSP**	11	55 \$	2,178.47	\$ 39.61	.033 \$	198.04	\$ 1.30
0* TOTALS IN THESE LINES ARE			-				
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,849
MOP024	FEE-FOR-SERVICE	DENTAL					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SIERRA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

						MON	THLY AVERA	GE
2,247 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,250	17,012	\$	1,955,158.51	\$ 114.93	7.571	1564.13	\$ 870.12
@PHYSICIANS SERVICES	216	727	\$	31,617.54	\$ 43.49	.324	146.38	\$ 14.07
OUTPATIENT VISITS	81	122		5,673.04	46.50	.054	70.04	2.52
OFFICE VISITS	54	63		2,410.96	38.27	.028	44.65	1.07
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	29	45		2,248.35	49.96	.020	77.53	1.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	13		983.73	75.67	.006	196.75	. 44
OTHER OUTPATIENT	1	1		30.00	30.00	.000	30.00	.01
INPATIENT VISITS	15	52		3,797.09	73.02	.023	253.14	1.69
HOSPITAL VISITS	13	41		1,795.71	43.80	.018	138.13	.80
CRITICAL CARE	2	11		2,001.38	181.94	.005	1000.69	.89
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		47.11	47.11	.000	47.11	.02

EXAMINATIONS	1	1	47.11	47.1	1 .000	47.11	.02
SERVICES AND MATERIALS	0	0	.00	. 0	0 .000	.00	.00
INPATIENT HOSPITAL SURGERY	18	166	8,790.42	52.9	5 .074	488.36	3.91
PRINCIPAL SURGEON	10	12	5,968.14	497.3	5 .005	596.81	2.66
ASSISTANT SURGEON	2	2	374.96	187.4	8 .001	187.48	.17
ANESTHESIOLOGIST	12	152	2,447.32	16.1	0 .068	203.94	1.09
OUTPATIENT SURGERY	27	59	5,473.81	92.7	8 .026	202.73	2.44
PRINCIPAL SURGEON	23	31	4,743.58	153.0	2 .014	206.24	2.11
ASSISTANT SURGEON	2	2	160.28	80.1	4 .001	80.14	.07
ANESTHESIOLOGIST	4	26	569.95	21.9	2 .012	142.49	.25
DIALYSIS	0	0	.00	. 0	0 .000	.00	.00
PATHOLOGY	45	82	2,032.28	24.7	8 .036	45.16	.90
RADIOLOGY	47	89	2,375.26	26.6	9 .040	50.54	1.06
PSYCHIATRY	0	0	.00	. 0	0 .000	.00	.00
IMMUNIZATION AND INJECTION	2	5	36.49	7.3	0 .002	18.25	.02
OTHER SERVICES/ALL X-OVERS	73	151	3,392.04	22.4	6 .067	46.47	1.51
@ PHARMACY	744	2,645	\$ 149,108.85	\$ 56.3	7 1.177	\$ 200.42	\$ 66.36
PRESCRIPTION DRUGS	744	2,642	148,935.45	56.3		200.18	66.28
SNF/ICF	273	1,422	81,401.56	57.2	4 .633	298.17	36.23
OUTPATIENTS	481	1,220	67 , 533.89	55.3	6 .543	140.40	30.06
MEDICAL SUPPLIES	1	3	173.40	57.8	0 .001	173.40	.08
@DENTIST	27	121	\$ 4,304.00	\$ 35.5	7 .054	\$ 159.41	\$ 1.92
VISITS - DIAGNOSTIC	20	84	1,367.00	16.2	7 .037	68.35	.61
ORAL SURGERY	3	9	204.00	22.6	7 .004	68.00	.09
DRUGS	0	0	.00	. 0	0 .000	.00	.00
ANESTHESIA	0	0	.00	. 0	0 .000	.00	.00
PERIODONTICS	0	0	.00	. 0	0 .000	.00	.00
ENDODONTICS	1	1	260.00	260.0	0 .000	260.00	.12
RESTORATIVE DENTISTRY	5	20	463.00	23.1	5 .009	92.60	.21
PROSTHETICS	0	0	.00	. 0	0 .000	.00	.00
DENTURES, STAYPLATES	2	4	1,800.00	450.0	0 .002	900.00	.80
SPACE MAINTAINERS	0	0	.00	. 0	0 .000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	210.00	70.00	.001	70.00	.09
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,850
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA:	LLY NEEDY				

Component Comp	SIBRA COUNT	SOMMAN OF SHIVE	CES FOR 45 MED	тсапп.	I NUUDI			M	ОИТ	HLY AVERA	GE	
OPTOMETRIST 37 OR DAYS OF CARE OPTOMETRIST 37 108 \$ 2,839,92 \$ 26.30 .048 \$ 76.75 \$ 1.26 DIAGNOSTIC AND ANC, FROCED 23 23 1,094.15 47.57 .010 47.57 .49 EYR ADVILANCES 29 811 1,074.15 47.57 .010 47.57 .73 OTHER OPTOMETRIC SERVICES 3 4 67.42 16.86 .002 22.47 .038 SCHIRGOFRACTOR 0 0 0 0 0 0.00 0.00 0.00 22.47 .038 SCHIRGOFRACTOR 0 0 0 0 0.00 0.00 0.00 0.00 .00 0.00 VISITS 0 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0	2.247 ELIGIBLES	USERS	UNITS OF SERVIC	F.	EXPENDITURES	ΑV	ERAGE COST					
SOPPOMERTIEST 37	2,217 221012220	00210			2111 2112 1 0 1 1 2 2			/	-			
DIACMOSTIC AND ANC. FROCED 23 23 1.094.15 47.57 0.00 47.57 4.98	@OPTOMETRIST	37			2,839,92						Ś	
EMERIFICATION Company	-				,	'						
Commence					,							
General Color					,							
VISITS				Ś		\$			Ś		Ś	
CHER SERVICES		0	0			'						
SPODIATRIST		0	•									
MEDICINE/INJECTIONS		6		Ś		Ś			Ś		Ś	
SURGERY/ANDES	-	0	0	·		·			•		·	
RADIO./PATHOLOGY OTHER 6 6 6 70.80 11.80 .003 11.80 .003 8HOME HEALTH AGENCY 2 7 \$ 455.21 \$ 65.03 .003 \$ 1227.61 \$.20 MURSE AMESTHESIST 0 0 0 \$.00 \$.00 .000 \$.00 \$.00 MURSE MIDMITE 0 0 0 \$.00 \$.00 \$.00 .000 \$.00 \$.00 MURSE MIDMITE 0 0 0 \$.00 \$.00 \$.00 .000 \$.00 \$.00 MURSE MIDMITE 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 MURSE PRACTITIONER 0 0 0 \$.00 \$.00 .000 \$.00 \$.00 FEMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0		.00		.00	.000		.00		.00
OTHER 6 6 70.80 11.80 .003 11.80 .03 .006 .006 .007 .00		0	0									.00
## STATE AGENCY 2 7 \$ 455.21 \$ 65.03 .003 \$ 227.61 \$ 2.20 NURSE ABESTHESITS 0 0 0 \$.00 \$		6	6									
NURSE MIDMIFE 0 0 \$.00	@HOME HEALTH AGENCY	2	7	\$	455.21	\$	65.03	.003	\$	227.61	\$.20
NURSE MIDMIFE	-	0	0								\$.00
PEDIATRIC NURSE PRACTITIONER		0	0								\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00		0										
## CONTAIL HOSPITAL	FAMILY NURSE PRACTITIONER	0	0		.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL		210	985	\$			104.33	.438	\$	489.36	\$	45.73
HSC HOSPITALS 2 7 4,900.00 700.00 .003 2450.00 2.18 NON-HSC HOSPITAL TOTAL 11 46 66,137.71 1437.78 .020 6012.52 29.43 ACCOMMODATIONS 11 46 16,768.51 364.53 .020 1524.41 7.46 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	-	24		·					•		·	35.59
NON-HSC HOSPITAL TOTAL		2	7		•			.003				2.18
ACCOMMODATIONS 11 46 16,768.51 364.53 .020 1524.41 7.46 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	11	46		66,137.71			.020		6012.52		29.43
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O	ACCOMMODATIONS	11	46		16,768.51			.020		1524.41		7.46
ALL OTHER ACCOM 11 46 16,768.51 364.53 .020 1524.41 7.46 ANCILLARIES 11 0 49,369.20 .00 .000 4488.11 21.97 INPATIENT CROSSOVERS 11 59 8,927.69 151.32 .026 811.61 3.97 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0				.00			.00		.00
ALL OTHER ACCOM ANCILLARIES 11 0 49,369.20 .00 .00 4488.11 21.97 INPATIENT CROSSOVERS 11 59 8,927.69 151.32 .026 811.61 3.97 ALL OTHER INPATIENT 0 0 0 0 0 0 0.00 HOSP OUTPATIENT TOTAL 194 873 22,800.73 26.12 389 117.53 10.15 MEDICAL 38 50 2,072.81 41.46 .022 54.55 .92 SURGERY 17 19 1,044.89 54.99 .008 61.46 .47 PATHOLOGY 93 251 2,928.78 11.67 11.12 31.49 1.30 RADIOLOGY 45 78 6,745.82 86.48 .035 149.91 3.00 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 75 362 5,972.30 16.50 16.70 CO HOSPITAL TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ANCILLARIES 11 0 49,369.20 .00 .000 4488.11 21.97 INPATIENT CROSSOVERS 11 59 8,927.69 151.32 .026 811.61 3.97 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	11	46					.020				
ALL OTHER INPATIENT 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	ANCILLARIES	11	0		49,369.20		.00	.000		4488.11		21.97
HOSP OUTPATIENT TOTAL 194	INPATIENT CROSSOVERS	11	59				151.32	.026		811.61		3.97
HOSP OUTPATIENT TOTAL 194	ALL OTHER INPATIENT	0	0				.00			.00		.00
SURGERY 17 19 1,044.89 54.99 .008 61.46 .47 PATHOLOGY 93 251 2,928.78 11.67 .112 31.49 1.30 RADIOLOGY 45 78 6,745.82 86.48 .035 149.91 3.00 ROOM USE 69 113 4,036.13 35.72 .050 58.49 1.80 CROSSOVERS/ALL OTH OUTPTNT 75 362 5,972.30 16.50 .161 79.63 2.66 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 \$.00 </td <td>HOSP OUTPATIENT TOTAL</td> <td>194</td> <td>873</td> <td></td> <td>22,800.73</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	HOSP OUTPATIENT TOTAL	194	873		22,800.73							
PATHOLOGY 93 251 2,928.78 11.67 .112 31.49 1.30 RADIOLOGY 45 78 6,745.82 86.48 .035 149.91 3.00 ROM USE 69 113 4,036.13 35.72 .050 58.49 1.80 CROSSOVERS/ALL OTH OUTPTNT 75 362 5,972.30 16.50 .161 79.63 2.66 (COUNTY HOSPITAL TOTAL 0 0 \$.00	MEDICAL	38	50		2,072.81		41.46	.022		54.55		.92
RADIOLOGY 45 78 6,745.82 86.48 .035 149.91 3.00 ROOM USE 69 113 4,036.13 35.72 .050 58.49 1.80 CROSSOVERS/ALL OTH OUTPTNT 75 362 5,972.30 16.50 .161 79.63 2.66 @COUNTY HOSPITAL TOTAL 0 0 \$.00 .00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 .00<	SURGERY	17	19		1,044.89		54.99	.008		61.46		.47
ROOM USE 69 113 4,036.13 35.72 .050 58.49 1.80 CROSSOVERS/ALL OTH OUTPTNT 75 362 5,972.30 16.50 .161 79.63 2.66 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00	PATHOLOGY	93	251		2,928.78		11.67	.112		31.49		1.30
CROSSOVERS/ALL OTH OUTPTNT 75 362 5,972.30 16.50 .161 79.63 2.66 @COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 CO HOSPITAL INPATIENT TOTAL 0 0 .00	RADIOLOGY	45	78		6,745.82		86.48	.035		149.91		3.00
@COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00	ROOM USE	69	113		4,036.13		35.72	.050		58.49		1.80
CO HOSPITAL INPATIENT TOTAL 0 0 .00	CROSSOVERS/ALL OTH OUTPINT	75	362		5,972.30		16.50	.161		79.63		2.66
HSC HOSPITALS 0 0 .00	@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 .00	CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00			.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0		.00		.00					.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0		.00		.00			.00		.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	-							.00		.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	ADMINISTRATIVE DAYS	0	-									
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	•									
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	•		.00					.00		.00
		0	-									
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00		0	•									
	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,851
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 43 MEDICALL	Y NEEDY				

SIERRA COUNTY	SUMMARY OF SERV	VICES FOR	43 MEDIO	CALLY	NEEDY							
								M	INO	THLY AVERA	GE	
2,247 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	210		985	\$	102,766.13	\$	104.33	.438	\$	489.36	\$	45.73
COMM HOSP INPATIENT TOTAL	24		112		79,965.40		713.98	.050		3331.89		35.59
HSC HOSPITALS	2		7		4,900.00		700.00	.003		2450.00		2.18
NON-HSC HOSPITALS TOTAL	11		46		66,137.71	-	L437.78	.020		6012.52		29.43
ACCOMMODATIONS	11		46		16,768.51		364.53	.020		1524.41		7.46
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11		46		16,768.51		364.53	.020		1524.41		7.46
ANCILLARIES	11		0		49,369.20		.00	.000		4488.11		21.97
INPATIENT CROSSOVERS	11		59		8,927.69		151.32	.026		811.61		3.97
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	194		873		22,800.73		26.12	.389		117.53		10.15
MEDICAL	38		50		2,072.81		41.46	.022		54.55		.92
SURGERY	17		19		1,044.89		54.99	.008		61.46		.47
PATHOLOGY	93		251		2,928.78		11.67	.112		31.49		1.30
RADIOLOGY	45		78		6,745.82		86.48	.035		149.91		3.00
ROOM USE	69		113		4,036.13		35.72	.050		58.49		1.80
CROSSOVERS/ALL OTH OUTPTNT	75		362		5,972.30		16.50	.161		79.63		2.66
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	360	10	,743	\$	1,551,669.52	\$	144.44	4.781	\$	4310.19	\$	690.55
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10		340		34,215.22		100.63	.151		3421.52		15.23
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	350	10	,403		1,517,454.30		145.87	4.630		4335.58		675.32
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	33		82	\$	1,332.60	\$	16.25	.036	\$	40.38	\$.59
PATHOLOGY	33		82		1,332.60		16.25	.036		40.38		.59
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	554		892	\$	94,147.35	\$	105.55	.397	\$	169.94	\$	41.90
CLINIC	9		35		896.76		25.62	.016		99.64		.40

1 7 153.07 21.87 .003 153.07 .07 SURGICENTER Ω .00 .000 HEROIN DETOX CLINIC 0 .00 .00 .00 546 850 93,097.52 109.53 .378 170.51 41.43 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,852 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

SIERRA COUNTI	SUMMART OF SER	VICES FOR 45 MED	тСАПІ	טיייאו די	1						~-	
0 045			_					MO			-	
2,247 ELIGIBLES	USERS	UNITS OF SERVIC		EX	PENDITURES			UNITS/DAYS	S (COST PER		COST PER
_		OR DAYS OF CAR					R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	107	696	\$		16,846.59	\$	24.20	.310	\$	157.44	\$	7.50
DURABLE MED. EQUIP.	2	2			146.39		73.20	.001		73.20		.07
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	24	32			1,972.23		61.63	.014		82.18		.88
MEDICAL TRANSPORTATION	16	298			6 , 741.80		22.62	.133		421.36		3.00
AMBULANCES/AIR TRANS	9	220			2,767.88		12.58	.098		307.54		1.23
OTHER TRANS	3	19			90.62		4.77	.008		30.21		.04
OTHER SERVICES	6	59			3,883.30		65.82	.026		647.22		1.73
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	5	5			475.00		95.00	.002		95.00		.21
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	29	60			633.28		10.55	.027		21.84		.28
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	1	2			88.99		44.50	.001		88.99		.04
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	9	126			1,074.10		8.52	.056		119.34		.48
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	23	171			5,714.80		33.42	.076		248.47		2.54
@CALIF. CHILDREN SERVICES*	5	51	\$		5,768.95	\$	113.12	.023	\$	1153.79	Ś	2.57
@XOVER EXCLUDING STATE HOSP**	154	338	\$		18,556.22	\$	54.90	.150	\$	120.49	\$	8.26
A+ MOMAIC IN MIRCE IINEC ADE			TITITA	ONIT W.	,	т	0 1 • 5 0	• = 0 0	т		-4	0.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,853 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						MON	NIHLY AVERAG	5比
99 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	101	\$	4,199.71	\$ 41.58	1.020	199.99	\$ 42.42
@PHYSICIANS SERVICES	6	18	\$	484.50	\$ 26.92	.182	80.75	\$ 4.89
OUTPATIENT VISITS	3	3		105.08	35.03	.030	35.03	1.06
OFFICE VISITS	2	2		60.48	30.24	.020	30.24	.61
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		44.60	44.60	.010	44.60	.45
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
	0	0				.00					.00
CRITICAL CARE	O .	•		.00			.000		.00		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	O .	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		115.60		115.60	.010		115.60		1.17
PRINCIPAL SURGEON	1	1		115.60		115.60	.010		115.60		1.17
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		82.65		82.65	.010		82.65		.83
PRINCIPAL SURGEON	1	1		82.65		82.65	.010		82.65		.83
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3	8		141.17		17.65	.081		47.06		1.43
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	5		40.00		8.00	.051		20.00		.40
@PHARMACY	9	1.4	Ś	552.86	Ś	39.49	.141	Ś	61.43	Ś	5.58
PRESCRIPTION DRUGS	9	14	·	552.86	·	39.49	.141		61.43	·	5.58
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	9	14		552.86		39.49	.141		61.43		5.58
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Υ	.00	Υ	.00	.000	۲	.00	۲	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0									.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		KES MO	NTH-OF-PAYMENT RE	±PORT	' FOR JAN 2	2002 THRU 1	DEC	2002	Ρ.	AGE 13,854
MOP024	FEE-FOR-SERVICE/DENT	AL		~~~ ^^ ^ ^ ^ ^ ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~							01/17/03

----- MONTHLY AVERAGE -----99 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE USER @OPTOMETRIST 1 4 \$ 90.30 \$ 22.58 .040 \$ 90.30 \$.91 DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .010 47.45 .48 EYE APPLIANCES 1 3 42.85 14.28 .030 42.85 .43 0 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .00 .00 \$.000 \$.00 \$.00 @CHIROPRACTOR .00 VISITS 0 0 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

SIERRA COUNTY

MEDICINE/INJECTIONS	0	Ω		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
@TOTAL HOSPITAL	6	15	\$	747.79	Ś	49.85	.152	Ś	124.63	Ś	7.55
HOSP INPATIENT TOTAL	0	0	'	.00		.00	.000		.00	'	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	15		747.79		49.85	.152		124.63		7.55
MEDICAL	1	1		33.54		33.54	.010		33.54		.34
SURGERY	1	1		15.60		15.60	.010		15.60		.16
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	5	9		529.02		58.78	.091		105.80		5.34
ROOM USE	3	3		138.44		46.15	.030		46.15		1.40
CROSSOVERS/ALL OTH OUTPTNT	1	1		31.19		31.19	.010		31.19		.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 13,855
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

SIERRA COUNTY

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

----- MONTHLY AVERAGE -----

99 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 15 747.79 \$ 49.85 .152 \$ 124.63 \$ 7.55 @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 . 00 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 15 747.79 49.85 .152 7.55 124.63 33.54 33.54 33.54 MEDICAL 1 .010 .34 15.60 SURGERY 15.60 15.60 .010 .16 .00 .00 .00 PATHOLOGY .000 .00 9 RADIOLOGY 529.02 58.78 .091 105.80 5.34 3 138.44 46.15 .030 46.15 1.40 ROOM USE 31.19 31.19 31.19 .32 CROSSOVERS/ALL OTH OUTPTNT .010 @STATE HOSPITAL .00 \$.00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 0 @NURSING FACILITY .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .000 .00 0 .00 LEV B-REGULAR .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .00 .00 .000 ICF DDN/DDCN 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .00 @HEMODIALYSIS TOTAL .000 \$.00 .00 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 .00 .000 \$.00 .00 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
XO AND OTHERS	0	0	.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	14 \$	2,049.61	\$	146.40	.141	227.73	\$ 20.70
CLINIC	0	0	.00		.00	.000	.00	.00
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	14	2,049.61		146.40	.141	227.73	20.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 20	002 THRU D	EC 2002	PAGE 13,856
MOP024	FEE-FOR-SERVICE/DEN	TAL						01/17/03
CIEDDA COUMTV	CHMMADV OF CEDUTCEC	FOR AA MIC - I	VIO COC 03 04 27 45	17 17	/M 512 7m 0	0 2		

----- MONTHLY AVERAGE -----

SIERRA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

99 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	36 \$	274.65	\$ 7.63	.364 \$	91.55	\$ 2.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	25	104.87	4.19	.253	104.87	1.06
AMBULANCES/AIR TRANS	1	25	104.87	4.19	.253	104.87	1.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.020	16.64	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	9	153.14	17.02	.091	153.14	1.55
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
A* MOMATO THE MILECE TIMES ADD CIVI	ו או אוי א מודים או	DAME TARODMAMION THEM	I ONIT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,857 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

							MON	ITHLY AVERA	ωGE	
06 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2	\$	197.33	\$	98.67	.333	98.67	\$	32.89
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
	0	0							
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	U	U		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
	1	1	\$					ċ	
@PHARMACY	1	-	Ş	7.10		.167		Ş	1.18
PRESCRIPTION DRUGS	1	1		7.10	7.10	.167	7.10		1.18
SNF/ICF	U	0		.00	.00	.000	.00		.00
OUTPATIENTS	1	1		7.10	7.10	.167	7.10		1.18
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	Õ	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	•	IDEC MON					D	AGE 13,858
MOP024	FEE-FOR-SERVICE/		KES MOR	NIH-OF-FAIMENI K	CEPURI FUR UAN	2002 IRO D.	EC 2002	E A	01/17/03
SIERRA COUNTY	SUMMARY OF SERVI		200		AID	CODE			01/1//03
SIERRA COUNTI	SUMMARI OF SERVI	CES FOR 45 MIC	- 500		AID		אמתווד ע אווחוו	CE.	
OF ELICIPIES	HCEDC	IINITAC OE CEDITIC	יתי	EADENDIMIDEO	ATTEDACE COC		NTHLY AVERA		
06 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		T UNITS/DAYS			COST PER
QODEOMEED TOE	^	OR DAYS OF CAF		0.0	PER UNIT/DA		USER		ELIGIBLE
@OPTOMETRIST	0		\$.00	\$.00	.000		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0	\$.00	Ś	.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	Υ	.00	Ψ	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
	0	0						.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	•	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	U		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	U		.00		.00	.000	.00	.00
MEDICAL	0	U		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
		ES AND EXPENDITUR	ES MONT	TH-OF-PAYMENT R	EPORT FO			2002	
MOP024	FEE-FOR-SERVICE								01/17/03
SIERRA COUNTY		ICES FOR 45 MIC	- SOC			AID CO	DE		
							MONTH	LY AVERAG	E
06 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAG	GE COST (UNITS/DAYS C	OST PER	COST PER

		OR DAYS OF CARE	1		PER UN	IIT/DAY	PER ELIG	USER	ELI	GIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	190.23	\$	190.23	.167	\$	190.23	\$	31.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		190.23		190.23	.167		190.23		31.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURI	ES MONTH-OR	F-PAYMENT R	REPORT	FOR JAN 200)2 THRU	DEC	2002	PI	AGE 13,860
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	45 MIC ·	- SOC			AID CODE	E				

SUMMARY OF SERVICES FOR 45 MIC - SOC ----- MONTHLY AVERAGE -----06 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00

OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024

***************************************				MONT	HLY AVERAG	GE
105 ELIGIBLES USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS 23	103 \$	4,397.04	\$ 42.69	.981 \$	191.18	\$ 41.88
@PHYSICIANS SERVICES 6	18 \$	484.50	\$ 26.92	.171 \$	80.75	\$ 4.61
OUTPATIENT VISITS 3	3	105.08	35.03	.029	35.03	1.00
OFFICE VISITS 2	2	60.48	30.24	.019	30.24	.58
HOME VISITS 0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM 1	1	44.60	44.60	.010	44.60	.42
PREVENTIVE CARE 0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI 0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT 0	0	.00	.00	.000	.00	.00
INPATIENT VISITS 0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS 0	0	.00	.00	.000	.00	.00
CRITICAL CARE 0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE 0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES 0	0	.00	.00	.000	.00	.00
EXAMINATIONS 0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS 0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY 1	1	115.60	115.60	.010	115.60	1.10
PRINCIPAL SURGEON 1	1	115.60	115.60	.010	115.60	1.10
ASSISTANT SURGEON 0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY 1	1	82.65	82.65	.010	82.65	.79
PRINCIPAL SURGEON 1	1	82.65	82.65	.010	82.65	.79
ASSISTANT SURGEON 0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0	0	.00	.00	.000	.00	.00
DIALYSIS 0	0	.00	.00	.000	.00	.00
	0	.00	.00	.000	.00	.00
	0	141.17	17.65	.076	47.06	1.34
RADIOLOGY 3 PSYCHIATRY 0	0					
	0	.00	.00	.000	.00	.00
		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS 2 @PHARMACY 10	5 15 \$	40.00	8.00	.048	20.00	.38
· ·	•	559.96	\$ 37.33	.143 \$		\$ 5.33
PRESCRIPTION DRUGS 10	15	559.96	37.33	.143	56.00	5.33
SNF/ICF 0	0	.00	.00	.000	.00	.00
OUTPATIENTS 10	15	559.96	37.33	.143	56.00	5.33
MEDICAL SUPPLIES 0	0	.00	.00	.000	.00	.00
@DENTIST 0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC 0	0	.00	.00	.000	.00	.00
ORAL SURGERY 0	0	.00	.00	.000	.00	.00
DRUGS 0	0	.00	.00	.000	.00	.00
ANESTHESIA 0	0	.00	.00	.000	.00	.00
PERIODONTICS 0	0	.00	.00	.000	.00	.00
ENDODONTICS 0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES 0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS 0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES 0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS 0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES 0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES 0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICE	S AND EXPENDITURES MON	ITH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DEC	2002	PAGE 13,862

01/17/03

FEE-FOR-SERVICE/DENTAL

105 ELIGIBLES	SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDIO	CALLY	INDIGENT CHILDRE	N		3.6	~ N.T.		α Ε	
OR DAYS OF CARE	105 81 1018182	HOEDO	INTEG OF GERMAN			70 7 7 7 7 7	D3.0E 00.0E				ŒĔ	
GOPTOMETRIST	102 EFIGIRES	USERS			EXPENDITURES							
DIAGNOSTIC AND ANC. PROCED 1	O O DECOMPED T CE	1		ċ	00.30						Ċ	
EYE APPLIANCES 1 3 42.85 14.28 0.29 42.85 OTHER OPTOMETRIC SERVICES 0 0 0.00 <	-			Ş		Ą			Ş		Ş	.86
OTHER OPTOMETRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												.45
CHIROPRACTOR		1										.41
VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		U		^		~			<u> </u>		<u> </u>	.00
OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-	0		\$		Ş			Ş		\$.00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00 \$.00		U										.00
MEDICINE/INJECTIONS 0 0 .00		· ·										.00
SURGERY/ANES. 0 0 0 .00		U		Ş		Ş			Ş		Ş	.00
RADIO./PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0										.00
OTHER 0 0 0 0 0 00 000 000 000 000 \$ @HOME HEALTH AGENCY 0 0 0 \$ 000 \$ 000 \$ 000 \$ NURSE ANESTHESIST 0 0 0 \$ 00 \$ 00 \$ 000 \$ 000 \$ NURSE MIDWIFE 0 0 0 \$ 00 \$ 00 \$ 000 \$ 000 \$ PEDIATRIC NURSE PRACTITIONER 0 0 \$ 00 \$ 000 \$ 000 \$ 000 \$ FAMILY NURSE PRACTITIONER 0 0 \$ 00 \$ 000 \$ 000 \$ 000 \$ @TOTAL HOSPITAL 6 15 \$ 747.79 \$ 49.85 1143 \$ 124.63 \$ 7. HOSP INPATIENT TOTAL 0 0 0 0 0.00 000 000 000 000 000 000 0		•										.00
@HOME HEALTH AGENCY 0 0 \$.00 .00		0										.00
NURSE ANESTHESIST 0 0 0 \$.00		0										.00
NURSE MIDWIFE 0 0 \$.00 .00	-	0										.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	NURSE ANESTHESIST	0		\$.00	\$.00	.000	\$		\$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 </td <td>NURSE MIDWIFE</td> <td>0</td> <td></td> <td></td> <td>.00</td> <td>\$</td> <td>.00</td> <td></td> <td>\$</td> <td>.00</td> <td>\$</td> <td>.00</td>	NURSE MIDWIFE	0			.00	\$.00		\$.00	\$.00
## CONTAIL HOSPITAL 6 15 \$ 747.79 \$ 49.85 .143 \$ 124.63 \$ 7. ## HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
HSC HOSPITALS 0 0 .00	@TOTAL HOSPITAL	6	15	\$	747.79	\$	49.85	.143	\$	124.63	\$	7.12
NON-HSC HOSPITAL TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 . ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .	ADMINISTRATIVE DAYS	0	0					.000		.00		.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .		0	0									.00
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		0										.00
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		6	· · · · · · · · · · · · · · · · · · ·									7.12
		1	1									.32
		1	± 1									.15
		0										.00
		0	0									5.04
3 023.02 00.70 100.00 0.		3	9									1.32
		3	3									
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		U	•									.00
		0	0									.00
		0	0									.00
		· ·	0									.00
		•	•									.00
	ALL OTHER ACCOM	•	•							.00		.00
												.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
		0	0									.00
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL 0 0 .00 .00 .00 .00 .00 .00 .00 .	MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 .	PATHOLOGY	0	0		.00		.00	.000		.00		.00
		0	0									.00
ROOM USE 0 0 .00 .00 .00 .00 .00 .	ROOM USE	0	0		.00		.00	.000		.00		.00

01/17/03

SIERRA COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN
------ MONTHLY AVERAGE ------105 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 15 \$ 0 747.79 \$ 49.85 .143 \$ 124.63 \$ 7.12 0 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .00 .000 HSC HOSPITALS 0 .00 .00 .00 0 NON-HSC HOSPITALS TOTAL 0 . 00 0 ACCOMMODATIONS . 00 0 ADMINISTRATIVE DAYS . 00 0 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM 0 .00 ANCILLARIES .00 .00 INPATIENT CROSSOVERS 0 0 15 ALL OTHER INPATIENT . 00 COMM HOSP OUTPATIENT TOTAL 7.12 1 1 .32 MEDICAL 1 0 9 3 1 0 SURGERY . 1.5 PATHOLOGY .00 RADIOLOGY 5.04 ROOM USE 1.32 CROSSOVERS/ALL OTH OUTPINT .30 @STATE HOSPITAL .00 MENTALLY ILL . 00 0 0 0 0 0 DEVELOP, DISABLED . 00 QNURSING FACILITY . 00 .00 LEV A-INTERMEDIATE . 00 LEV B-REHAB MD .00 .00 .000 .00 .000 .00 .000 .00 .000 .00 .000 \$.00 LEV B-SUBACUTE FREESTANDING .00 Ω .00 LEV B-SUBACUTE HSPTL BASED .00 LEV B-TRANSITIONAL IP CARE .00 .00 .00 .00 LEV B-REGULAR .00 .00 Ō .000 \$.00 \$.00 \$ @INTERMEDIATE CARE FACIL.-DD . 00 .000 .00 .00 ICF DDH .00 . 00 .000 .000 .000 .000 \$.000 .000 .000 .00 .00 .00 ICF DD .00 ICF DDN/DDCN () .00 .00 .00 .00 0 0 0 0 .00 \$ @HEMODIALYSIS TOTAL .00 .00 \$.00 .00 0 HOSPITAL BASED .00 .00 .00 HOSPITAL BASED
HEMODIALYSIS CENTER
@REHABILITATION FACILITY Ω .00 .00 .00 .00 .00 \$.00 s .00 . 00 .00 HOSPITAL BASED 0 Ω . 00 . 00 . 00 .000 .000 .000 \$ 0 0 . 00 INDEPENDENT FACILITY .00 . 00 . 00 @LABORATORY FACILITY 0 .00 \$. 00 .00 \$.00 0 0 0 15 \$ PATHOLOGY XO AND OTHERS .00 .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 21.33 .00 . 00 .00 21.33 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,864 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL SIERRA COUNTY SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

					MON	THLY AVERA	GE
105 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	36 \$	274.65	\$ 7.63	.343 \$	91.55	\$ 2.62
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	25	104.87	4.19	.238	104.87	1.00
AMBULANCES/AIR TRANS	1	25	104.87	4.19	.238	104.87	1.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.019	16.64	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	9	153.14	17.02	.086	153.14	1.46
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,865 MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

SIERRA COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA - I	NO SOC - AID PAID PE	ENDING AID CO			C.E.
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	COST PER	GE COST PER
00 FILGIBLES	CALCO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
-	0	0 9	.00	.00	.000 \$.00	.00
OUTPATIENT VISITS	0	0	.00	.00		.00	
OFFICE VISITS	0	0	.00		.000		.00
HOME VISITS	0	0		.00	.000	.00	.00
EMERGENCY ROOM	0	•	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	Ő	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
	9	9	• 0 0	• • • •	• 5 0 0	• • • •	• • •

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 13,866
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SIERRA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR	47 MIA -	- NO	SOC - AID	PAID F	PENDING	AID C	ODE				
									MO	HTMC	ILY AVERAG	ξE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDI'	TURES	AVERAC	SE COST	UNITS/DAYS	S C	COST PER		COST PER
		OR DAYS	OF CARE				PER UN	IIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00		.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00		.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0	•		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś		\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ψ		.00	Υ	.00	.000	Ψ	.00	۲	.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	n		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
VIII OIHEK INLAITENI	U		U			.00		. 00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 13,867
MOP024	FEE-FOR-SERVICE/DENTA	J					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR 47 MIA - NO	SOC - AID PAID PENDING	AID COD	Œ		

SIERRA COUNTY	LEE-LOK-SEKAIC	VICES FOR 47 MIA	- NO	SOC - AID DAID D	ZNDINC	AID CC	DE.			01/1//03
SIERRA COUNTI	SUMMAN OF SEA	VICES FOR 47 MIA	- 110	SOC - AID PAID PI	TINDTING	AID CC	MON	מקדוע אוודף א	CF	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	1011	COST PER
00 11101110	ODEIRO	OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	'	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000	.00	·	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00

Ω 0 .00 .00 .00 .00 SURGICENTER .00 .000 .00 .00 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 0 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,868 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

					MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SIERRA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,869
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	2		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
	0		-							
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS			0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			PENDITUR	ES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	E	PAGE 13,870
MOP024	FEE-FOR-SERVICE/	DENTAL								01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR	48 MIA	 NO 	SOC - PREGNANT	AID CO				
							MON'	THLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000	.00		.00
EYE APPLIANCES	0		0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0		0	·	.00	.00	.000	.00		.00
SURGERY/ANES.	0		0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000	.00		.00
OTHER	0		0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000 \$.00	Ś	.00
NURSE ANESTHESIST	0		0	Ś	.00	\$.00	.000 \$.00		.00
NURSE MIDWIFE	0		Ö	Ś	.00	\$.00	.000 \$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ś	.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0		Ő	Ś	.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0		0	Ś	.00	\$.00	.000 \$.00		.00
HOSP INPATIENT TOTAL	0		0	Y	.00	.00	.000	.00	٧	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00		.00		
INPATIENT CROSSOVERS	· ·						.000			.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL			0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	U		0		.00	.00	.000	.00		.00
RADIOLOGY	U		U		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
ACOUNTY BOSDITAL TOTAL	Λ		Λ	C	0.0	\$ 00	000 \$	0.0	Ċ	0.0

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CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

0

0

0

0

0

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 13,871
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE	S FOR 48 MIA - NO	SOC - PREGNANT	AID CO	DDE		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	<u>^</u>	DAVO OF CARE		DED TIME / DAY	DED ELIC	HOED	DITCIDID

					MONT	'HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU I	DEC 2002	PA	GE 13,872
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	R 48 MIA -	- NO S	OC - PREGNANT	AID	CODE			
						MC	ONTHLY AVERA	.GE -	
00 ELIGIBLES	USERS UNITS (OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	S COST PER	C	OST PER
	OR DA	YS OF CARE			PER UNIT/DA	Y PER ELIG	USER	E.	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00
DI COD DINII	0	^		0.0	0.0	000	0.0		0.0

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,873 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							MO	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	Ö	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$		\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$		\$.00	.000 \$.00	\$.00
•	0	0 5		.00	·	.00	
VISITS - DIAGNOSTIC	0	0	.00		.000	.00	.00
ORAL SURGERY	· ·	0		.00	.000		.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	•	.00	.00	.000	.00	.00
PERIODONTICS	· ·	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		NTH-OF-PAYMENT REP	ORT FOR JAN 20	02 THRU DEC	2002	PAGE 13,874
MOP024	FEE-FOR-SERVICE/DENTA						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES F	OR 49 ALL MIA -	NO SOC				
				_	MONTH	LY AVERAC	GE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$.00 .000 \$.00 \$.00 0 0 \$ @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU 1	DEC 2002	PAGE 13,875
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	R 49 ALL MI	IA - NO SOC				

SIERRA COUNTI	SOMMANT OF SEN	VICES FOR 49 ALL M	IIA	NO BOC		MON		CE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MON	COST PER		COST PER
00 FFIGIPTE2	USEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	Ş	.00	.00	.000	.00	Ą	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00			.00		.00
	0	0			.00	.000			
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
	0	0			.00				
TRANSITIONAL IP CARE	0	U		.00	.00	.000	.00		.00
ALL OTHER ACCOM	U	Ü		.00	.00	.000	.00		.00
ANCILLARIES	U	U		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	U	Ü		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	U		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	U		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0		\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH	I-OF-PAYMENT RE	EPORT	FOR JAN 20	02 THRU	DEC :	2002	PAG	E 13,876
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO	SOC							

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00.00.00.00.00.00.00.00.00.00.00.00.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

SIERRA COUNTY	SUMMARY OF SER	VICES FOR 50 MIA - SOC	- LTC	AID CO	DDE		
					MON'	THLY AVERAC	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	Ö	0 \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
	0	· ·					
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	U	U	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0					
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PSYCHIATRY	•	•		.00			
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
DRUGS	0	0		.00			
ANESTHESIA	U	U	.00	.00	.000	.00	.00
PERIODONTICS	Ü	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	n	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER SERVICES	•		.00.	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	IIU-OF-PAIMENI KI	LPORT FOR JAN 2	ZUUZ THKU DE	C 2002	PAGE 13,878

SIERRA COUNTY	SUMMARY OF SERVIC	CES FOR 50 MI	A - SOC	- LTC	AID CC				~=	
					 	MC			GΕ	
00 ELIGIBLES	USERS (JNITS OF SERVI		EXPENDITURES		UNITS/DAYS	S			COST PER
_	_	OR DAYS OF CA			NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ö	0		.00	.00	.000		.00		.00
MEDICAL	Ö	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	Õ	0		.00	.00	.000		.00		.00
RADIOLOGY	Ö	Ő		.00	.00	.000		.00		.00
ROOM USE	Ö	0		.00	.00	.000		.00		.00
	-	· ·								

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,879 MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$		\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MONTH-OF-	PAYMENT REI	PORT I	FOR JAN 20	002 THRU	DEC	2002		GE 13,880
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID COD					
							3.4	CATITIT	T T T T T T T T T T T T T T T T T T T	\sim \sim	

SIERRA COUNTI	DOMMANT OF DEIN	VICED FOR JO MIA	500	штс	AID CO	700		
						MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,881

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

	MONTHLY AV				HLY AVERAGE	E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,882
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03

AID CODE

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

SIERRA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .000 .00 . 00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 Ś .00 .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 .000 @TOTAL HOSPITAL .00 . 00 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 \$ @COUNTY HOSPITAL TOTAL .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 13,883
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 51 MIA - SO	C - PREGNANT	AID COD	Έ		

SIERRA COUNTY	SUMMARY OF SER		51 MIA	- SOC	- PREGNANT		AID CC	DDE			01/1//00
								MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER U		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000		\$.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000			.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000			.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000			.00
CLINIC	0		0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 13,884
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES F	OR 51 MIA - 3	SOC - PREGNANT	AID CODE			

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 00 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$ @ALL OTHER PROVIDERS 0 \$.00 \$.00 .00 \$.00 DURABLE MED. EOUIP. Ω Ω .00 .00 .000 .00 .00 Ω Ω .00 .00 .000 .00 .00 BLOOD BANK Ω 0 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .00 .000 .00 0 0 .00 MEDICAL TRANSPORTATION .00 .000 .00 0 0 .00 .00 AMBULANCES/AIR TRANS .000 .00 OTHER TRANS 0 0 .00 .000 .00 .00 .000 .00 Ω Ω .00 .00 OTHER SERVICES Ω .00 .000 .00 .00 ACUPUNCTURE 0 0 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR Ω .00 GENETIC DISEASE TESTING Ω .000 .00 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP Ω .00 .00 .00 .00 0 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 OPTICIAN 0 .00 .000 .00 .00 0 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 PORTABLE X-RAY 0 0 .00 .00 .000 .00 .00 0 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 .00 PROSTHETICS Ω Ω .00 .00 .000 .00 .00 .000 ORTHOTICS Ω Ω .00 .00 .00 . 00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY Ω 0 .00 .000 .00 .00 Ω Ω .00 .00 .000 .00 .00 HOSPICE SERVICES 0 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,885 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY	SUMMARY OF SER	VICES FOR 52 ALL	MIA -	- SOC					`	, , , , , , , ,
2121111 0001111	0011111111 01 0111	.1020 1010 02 1122					MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CARE]		PER U	NIT/DAY	PER ELIG	USER	ELI	IGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000	.00		.00
OFFICE VISITS	0	0		.00		.00	.000	.00		.00
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	0	0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		.00
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS @PHARMACY	0	0	\$.00	Ś	.00	.000	.00 \$.00	Ś	.00
PRESCRIPTION DRUGS	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00
VISITS - DIAGNOSTIC	0	0	Y	.00	Y	.00	.000	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
11110 11110 111	O	O		• 0 0		• 0 0	.000	.00		• 0 0

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	EC 2002	PAGE 13,886
MOP024	FEE-FOR-SERVICE/DENTA	\L					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES F	OR 52 ALL MIA -	SOC				
					MON	TITLE ATTITUTE	T

						M	ТИС	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 13,887
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03

----- MONTHLY AVERAGE -----

SIERRA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	IINTTS/DAYS	COST PER	COST PER
OO HHIOIDHHO	ОВЫКО	OR DAYS OF CARE		DMI DINDITORDO	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	010 27112 01 071012	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	٧	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	Ō	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU D	DEC 2002	PAG	E 13,888
MOP024	FEE-FOR-SERVICE/DEN	ITAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 52 ALL MI	A - SOC						

5121111 0001111	001111111111111111111111111111111111111	. 1020 1011 02 1122 11			14011		ē Π
00 BLIGIBLES	HOEDO	INITES OF SERVICE		717D7 CD COCE	MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 5	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 5	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,889 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

						MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-	OF-PAYMENT REI	PORT FO	OR JAN 2	002 THRU I	DEC 2002	PAGE 13,890
MOP024	FEE-FOR-SERVICE/DENTAL	1							01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

SIERRA COUNTI	SOMMART OF SER	VICES FOR 55 FC	N FOION	E OSE				^ N T FF		C.E.	
00							M			GE.	
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000	0	OR DAYS OF CA		0.0		VIT/DAY	PER ELIG		USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000		.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	. (0 (.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.(0 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	. (0 (.00	.000	.00	.00
HSC HOSPITALS	0	0	. (0 (.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	. (0 (.00	.000	.00	.00
ACCOMMODATIONS	0	0	. (0 (.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	. (0 (.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	. (0 (.00	.000	.00	.00
ALL OTHER ACCOM	0	0	. (0 (.00	.000	.00	.00
ANCILLARIES	0	0	. (0 (.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	. (0 (.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	. (0 (.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	. (0 (.00	.000	.00	.00
MEDICAL	0	0	. (0 (.00	.000	.00	.00
SURGERY	0	0	. (0 (.00	.000	.00	.00
PATHOLOGY	0	0	. (0 (.00	.000	.00	.00
RADIOLOGY	0	0	. (0 (.00	.000	.00	.00
ROOM USE	0	0	. (0 (.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	. (0 (.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 13,891
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	53 FOR F	JTURE USE					

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 11 01120	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUF	ES MONTH-O	F-PAYMENT RE	PORT	FOR JAN 2	002 THRU	DEC	2002	PAC	GE 13,892
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	. 53 FOR	FUTURE USE								

Oldidai Oddiii	DOIMING OF DER	VIOLO FOR OU FOR FUTUR	2 002		MON	miit v atanac	-
00 ELICIDIES	USERS	UNITS OF SERVICE	EXPENDIMIDEO	AVERAGE COST	MON	COST PER	COST PER
00 ELIGIBLES	USEKS		EXPENDITURES				
CALL OWNED DOOMINEDS	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE \$.00
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		
DURABLE MED. EQUIP.	U	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	n s	.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$ 0 \$.00	\$.00	.000 \$		\$.00
0+ MOMAIC IN MURCE IINEC ADE	CITIENI AC A CEDA	т		٠٠٠٠	.000 7	.00	· • • • • • • • • • • • • • • • • • • •

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

MOP024

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	•	ŭ	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	Ü	U	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PERIODONTICS	0	· ·		.00			
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	<u> </u>	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 13,894

01/17/03

FEE-FOR-SERVICE/DENTAL

00 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	5	COST PER	01	COST PER
		OR DAYS OF	F CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0	.00		.00	.000		.00		.00
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0	.00		.00	.000		.00		.00
ANCILLARIES	0		0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00		.00

----- MONTHLY AVERAGE -----

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MO	ONTH-OF-PAYMENT REPO	ORT FOR JAN 2	002 THRU DEC	2002	PAGE 13,895
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	54 MEDICALLY	Y INDIGENT ADULTS				

SIERRA COUNTI	SUMMARI OF SER	VICES FOR	J4 MEDI	САППІ	INDIGENI ADOLIS		MO	NTHLY AVERA	CF
00 ELIGIBLES	USERS	UNITS OF	CEDUTCE		EXPENDITURES	ATTEDACE COC			COST PER
00 ELIGIBLES	USEKS	OR DAYS	-		EXPENDITORES	AVERAGE COS		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OK DAIS	OF CARE	ċ	0.0	PER UNIT/DA \$.00	.000		
	0		0	Ş	.00	•			
COMM HOSP INPATIENT TOTAL	U		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	·	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	n		0	'	.00	.00	.000	.00	.00
LEV B-REHAB MD	n		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	. 0		0		.00	.00	.000	.00	.00
LL. D CODMOCIL INDINO	· ·		0		• 0 0	• 0 0	.000	.00	• 9 0

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	-PAYMENT REP	ORT FOR JAN	2002 THRU	DEC	2002	PA	GE 13,896
MOP024	FEE-FOR-SERVICE/DENTAL	L								01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

DIERRE GOOWII	SOLUTION OF SELEC	violo ion oi imbio	,,,,,,,,,,	INDIGENT TROPIC		MON'	THIV AVERA	2F
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 HEIGIBEE	ODEIRO	OR DAYS OF CARE		EM EMBITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	•	.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

PAGE 13,897

----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG		COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	647	13,870 \$	1,678,132.31	\$ 120.99	19.000 \$	2593.71	\$ 2298.81
@PHYSICIANS SERVICES	52	102 \$	1,536.09	\$ 15.06	.140 \$	29.54	\$ 2.10
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	52	102	1,536.09	15.06	.140	29.54	2.10
@PHARMACY	486	2 , 365 \$		\$ 58.71	3.240 \$		\$ 190.20
PRESCRIPTION DRUGS	486	2,327	137,492.33	59.09	3.188	282.91	188.35
SNF/ICF	247	1,217	68,704.06	56.45	1.667	278.15	94.12
OUTPATIENTS	251	1,110	68,788.27	61.97	1.521	274.06	94.23
MEDICAL SUPPLIES	16	38	1,353.50	35.62	.052	84.59	1.85
@DENTIST	7	18 \$		\$ 112.44	.025 \$	289.14	\$ 2.77
VISITS - DIAGNOSTIC	4	13	199.00	15.31	.018	49.75	.27
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	5	1,825.00	365.00	.007	608.33	2.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 13,898
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03

SUMMARY OF SERVICES FOR 55 ALL AGED

SIERRA COUNTY

ALL OTHER INPATIENT

----- MONTHLY AVERAGE -----730 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 2.0 352.37 17.62 .027 \$ 44.05 \$. 48 DIAGNOSTIC AND ANC. PROCED Ω .00 .00 .000 .00 . 00 18 320.36 17.80 .025 45.77 EYE APPLIANCES .44 16.01 32.01 OTHER OPTOMETRIC SERVICES 32.01 .003 .04 0 .00 Ś .00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 .00 0 .00 OTHER SERVICES .000 .00 .00 70.80 11.80 .008 11.80 @PODIATRIST .10 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS .000 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 . 00 70.80 11.80 11.80 OTHER .008 .10 @HOME HEALTH AGENCY .00 Ś .00 .000 \$.00 .00 NURSE ANESTHESIST .00 Ś .00 .000 \$.00 \$.00 .00 Ś .00 .000 .00 .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL 288 13,481.24 46.81 .395 293.07 18.47 9,818.36 166.41 755.26 HOSP INPATIENT TOTAL .081 HSC HOSPITALS 0 .00 .00 .000 . 00 .00 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .000 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES 9,818.36 166.41 .081 755.26 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 3,662.88 16.00 .314 111.00 5.02 .000 MEDICAL .00 .00 .00 .00 SURGERY 0 .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE Ω .00 . 00 .000 . 00 . 00 229 3,662.88 16.00 .314 111.00 5.02 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 .000 \$.00 \$.00 @COUNTY HOSPITAL TOTAL .00 .000 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00

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.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 13,899
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 55 ALL AGED)				
				-	MONT	HLY AVERAG	E
720 ELICIBLES	HOEDO HINTI	TO OF CEDITOR	EXPENDIBLE ALTE:	DACE COCH I	INITHO / DAVO	COCH DED	COCH DED

						MON	ITHLY AVERA	GE
730 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	46	288	\$	13,481.24	\$ 46.81	.395 \$	293.07	\$ 18.47
COMM HOSP INPATIENT TOTAL	13	59		9,818.36	166.41	.081	755.26	13.45
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	59		9,818.36	166.41	.081	755.26	13.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	33	229		3,662.88	16.00	.314	111.00	5.02
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	33	229		3,662.88	16.00	.314	111.00	5.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	351	10,193	\$	1,481,142.62	\$	145.31	13.963	\$	4219.78	\$	2028.96
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	10	340		34,215.22		100.63	.466		3421.52		46.87
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	341	9,853		1,446,927.40		146.85	13.497		4243.19		1982.09
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	226	388	\$	17,628.74	\$	45.43	.532	\$	78.00	\$	24.15
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	1CR		121.27CR	2	121.27	.001C	R	.00		.17CR
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	226	389		17,750.01		45.63	.533		78.54		24.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES 1		PORT	r for Jan	2002 THRU	DEC	2002	P	AGE 13,900
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

730 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 271.18 \$ @ALL OTHER PROVIDERS 490 23,050.62 47.04 .671 \$ 31.58 119.87 59.94 DURABLE MED. EQUIP. 2 2 59.94 .003 .16 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 37 180.93 .051 247.94 6,694.44 9.17 4.27 65.20 MEDICAL TRANSPORTATION 107 456.40 .147 .63 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 3 OTHER TRANS 19 90.62 4.77 .026 30.21 .12 OTHER SERVICES 88 365.78 4.16 .121 73.16 .50 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 170 11,352.40 66.78 .233 1261.38 15.55 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 .000 10 338.32 14.10 33.83 OPTICIAN 24 .033 .46 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .00 .00 .000 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST 187.47 SPEECH AND AUDIOLOGY 187.47 46.87 .005 .26 .000 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	146	3,901.72	26.72	.200	118.23	5.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	185	593	\$ 25,722.54	\$ 43.38	.812	\$ 139.04	\$ 35.24

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,901
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

SIERRA COUNTY	SUMMARY OF SER	VICES FOR 56 ALL BI	JIND					
						MON'		
22 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
_		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25	198		27,005.06	\$ 136.39	9.000 \$		\$ 1227.50
@PHYSICIANS SERVICES	2	5 \$	5	25.37	\$ 5.07	.227 \$		\$ 1.15
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	5		25.37	5.07	.227	12.69	1.15
@PHARMACY	23	103 \$	5	5,723.55	\$ 55.57	4.682 \$	248.85	\$ 260.16
PRESCRIPTION DRUGS	23	103		5 , 723.55	55.57	4.682	248.85	260.16
SNF/ICF	5	41		1,803.20	43.98	1.864	360.64	81.96
OUTPATIENTS	19	62		3,920.35	63.23	2.818	206.33	178.20
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0 \$	5	.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 20	002 THRU DEC	2002	PAGE 13,902
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

----- MONTHLY AVERAGE -----22 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .00 DIAGNOSTIC AND ANC. PROCED .000 .00 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 0 @PODIATRIST .00 \$.00 .000 .00 \$.00 0 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$.00 .000 .00 .00 @HOME HEALTH AGENCY \$.00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST \$.00 Ś NURSE MIDWIFE .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 RADIOLOGY .00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 .00 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REF	ORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,903
MOP024	FEE-FOR-SERVICE/DE	INTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE	S FOR 56 ALL BL	IND				

SIERRA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

SIERRA COUNTI	SUMMAKI OF SEK	VICES FOR 30 ALL BLII	ND		MON	אסי <i>וו</i> א אזיים	CF
22 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	TOT ST UNITS/DAYS	COST PER	COST PER
22 EDIGIDDED	ODEINO	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0	0 \$.000		
@STATE HOSPITAL MENTALLY ILL	0	0 \$.00	\$.00	.000	.00	\$.00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		20,072.83	\$ 278.79			
•	3	:= '	•				
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
	0	0					
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	U	72	.00	.00	.000	.00	.00
LEV B-REGULAR	3 N		20,072.83	278.79	3.273	6690.94	912.40
@INTERMEDIATE CARE FACILDD	U	0 \$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	U	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0 0 \$.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	· ·	.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	12	\$	1,047.44	\$ 87.29	.545	\$ 130.93	\$	47.61
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	8	12		1,047.44	87.29	.545	130.93		47.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PP	AGE 13,904
MOP024	FEE-FOR-SERVICE/DEN	ITAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	TOD FC ATT	DT T315						
SIERRA COUNTI	SUMMARI OF SERVICES	FOR 56 ALL	RTTMF)					
SIERRA COUNTI	SUMMARI OF SERVICES	FUR 56 ALL.	BLINI)		MO	NTHLY AVERA	GE -	
22 ELIGIBLES		TS OF SERVICE	BLINI	EXPENDITURES	AVERAGE COST	MO UNITS/DAYS	NTHLY AVERA COST PER	-	 COST PER
	USERS UNI		RTINI		AVERAGE COST PER UNIT/DAY				COST PER
	USERS UNI	TS OF SERVICE	\$ \$LINI			UNITS/DAYS	COST PER USER		
22 ELIGIBLES	USERS UNI	TTS OF SERVICE R DAYS OF CARE	\$	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	E	ELIGIBLE
22 ELIGIBLES @ALL OTHER PROVIDERS	USERS UNI	TTS OF SERVICE R DAYS OF CARE	\$	EXPENDITURES 135.87	PER UNIT/DAY \$ 22.65	UNITS/DAYS PER ELIG .273	COST PER USER \$ 45.29	E	ELIGIBLE 6.18
22 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	USERS UNI	TTS OF SERVICE R DAYS OF CARE	\$	EXPENDITURES 135.87 .00	PER UNIT/DAY \$ 22.65	UNITS/DAYS PER ELIG .273 .000	COST PER USER \$ 45.29	E	ELIGIBLE 6.18 .00
22 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	USERS UNI	TTS OF SERVICE R DAYS OF CARE	\$	EXPENDITURES 135.87 .00 .00	PER UNIT/DAY \$ 22.65 .00 .00	UNITS/DAYS PER ELIG .273 .000	COST PER USER \$ 45.29 .00 .00	E	ELIGIBLE 6.18 .00
22 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS UNI	TTS OF SERVICE R DAYS OF CARE	\$	EXPENDITURES 135.87 .00 .00 125.00	PER UNIT/DAY \$ 22.65 .00 .00 25.00	UNITS/DAYS PER ELIG	COST PER USER \$ 45.29 .00 .00 41.67	E	ELIGIBLE 6.18 .00 .00 5.68
22 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS UNI	TTS OF SERVICE R DAYS OF CARE	\$	EXPENDITURES 135.87 .00 .00 125.00 .00	PER UNIT/DAY \$ 22.65 .00 .00 25.00 .00	UNITS/DAYS PER ELIG	COST PER USER \$ 45.29 .00 .00 41.67	E	ELIGIBLE 6.18 .00 .00 5.68 .00
22 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS UNI	TTS OF SERVICE R DAYS OF CARE	\$	EXPENDITURES 135.87 .00 .00 125.00 .00 .00	PER UNIT/DAY \$ 22.65 .00 .00 25.00 .00 .00	UNITS/DAYS PER ELIG	COST PER USER \$ 45.29 .00 .00 41.67 .00 .00	E	ELIGIBLE 6.18 .00 .00 5.68 .00

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ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

OPTICIAN

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PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	10.87	10.87	.045	10.87	.49
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	7	\$ 7,541.33	\$ 1077.33	.318	\$ 1508.27	\$ 342.79

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 13,905

01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

DIDITUT COONTI	DOIMMING OF DER	VICES FOR STREET	DIOII			MON	ITHLY AVERA	GE
1,016 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVERAGE COST			COST PER
1,010 111011110	ODEIRO	OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	796	14,714	\$	795,138.30	\$ 54.04	14.482		\$ 782.62
@PHYSICIANS SERVICES	142	471	\$	17,645.24	•	.464		
OUTPATIENT VISITS	52	68	•		36.80	.067	48.12	2.46
OFFICE VISITS	35	46			34.99		45.99	
HOME VISITS	1	1		51.60	51.60		51.60	.05
EMERGENCY ROOM	11	11		589.32	53.57		53.57	.58
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	10	10		251.73	25.17	.010	25.17	.25
INPATIENT VISITS	10	47		1,958.61	41.67	.046	195.86	1.93
HOSPITAL VISITS	10	46		1,837.01	39.94	.045	183.70	1.81
CRITICAL CARE	1	1		121.60	121.60	.001	121.60	.12
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.001	37.15	.04
EXAMINATIONS	1	1		37.15	37.15	.001	37.15	.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	33		2,703.64	81.93	.032	386.23	2.66
PRINCIPAL SURGEON	4	6		2,053.42	342.24	.006	513.36	2.02
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	27		650.22	24.08	.027	162.56	.64
OUTPATIENT SURGERY	14	31		2,156.86	69.58		154.06	
PRINCIPAL SURGEON	13	18		1,978.79	109.93		152.21	1.95
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13		178.07	13.70	.013	178.07	.18
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	36	60		884.69	14.74	.059	24.57	.87
RADIOLOGY	35	115		4,761.46	41.40	.113	136.04	4.69
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.001	13.76	.01
OTHER SERVICES/ALL X-OVERS	60	115		2,626.90	22.84	.113	43.78	2.59
@PHARMACY	676	4,887	\$	262,068.28		4.810		
PRESCRIPTION DRUGS	668	2,834		240,451.24	84.85	2.789	359.96	236.66
SNF/ICF	58	428		•	64.59	.421	476.65	27.21
OUTPATIENTS	613	2,406		212,805.70	88.45	2.368	347.15	209.45

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	54	2,053	21,617.04	10.53	2.021	400.32	21.28
@DENTIST	17	107 \$	3,842.00	\$ 35.91	.105	\$ 226.00	\$ 3.78
VISITS - DIAGNOSTIC	12	56	686.50	12.26	.055	57.21	.68
ORAL SURGERY	3	22	1,653.00	75.14	.022	551.00	1.63
DRUGS	2	5	37.50	7.50	.005	18.75	.04
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.20
ENDODONTICS	1	2	35.50	17.75	.002	35.50	.03
RESTORATIVE DENTISTRY	3	11	539.50	49.05	.011	179.83	.53
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	3	8	660.00	82.50	.008	220.00	.65
SPACE MAINTAINERS	1	1	.00	.00	.001	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 13,906
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03

SUMMARY OF SERVICES FOR 57 ALL DISABLED

SIERRA COUNTY

----- MONTHLY AVERAGE -----1,016 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 88 2,080.75 23.64 .087 \$ 74.31 \$ 2.05 DIAGNOSTIC AND ANC. PROCED 14 14 691.96 49.43 .014 49.43 .68 EYE APPLIANCES 67 1,294.34 19.32 .066 58.83 1.27 OTHER OPTOMETRIC SERVICES 94.45 13.49 .007 31.48 .09 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .00 VISITS .00 .00 .000 . 00 .00 .00 OTHER SERVICES .00 .000 . 00 @PODIATRIST 3 160.92 53.64 .003 \$ 80.46 \$.16 0 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 1 11.00 11.00 SURGERY/ANES. 11.00 .001 .01 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 149.92 74.96 .002 149.92 .15 @HOME HEALTH AGENCY 476 8,621.27 \$ 18.11 .469 \$ 1077.66 0 .00 \$.00 .000 \$.00 .00 NURSE ANESTHESIST .00 .00 .000 \$.00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 0 .000 \$ FAMILY NURSE PRACTITIONER Ω .00 \$.00 .00 \$.00 798 @TOTAL HOSPITAL 170 89,625.33 \$ 112.31 .785 \$ 527.21 \$ 88.21 HOSP INPATIENT TOTAL 19 74 64,800.64 875.68 .073 3410.56 63.78 HSC HOSPITALS 19 21,147.00 1113.00 .019 10573.50 NON-HSC HOSPITAL TOTAL 16 33,989.64 2124.35 .016 6797.93 33.45 ACCOMMODATIONS 16 8,321.32 520.08 .016 1664.26 8.19 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 0 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 520.08 ALL OTHER ACCOM 16 8,321.32 .016 1664.26 8.19 0 5133.66 ANCILLARIES 25,668.32 .00 .000 25.26 INPATIENT CROSSOVERS 12 39 9,664.00 247.79 .038 805.33 9.51 0 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 160 724 24,824.69 34.29 .713 155.15 HOSP OUTPATIENT TOTAL 24.43 23 36 41.82 .035 65.46 1.48 MEDICAL 1,505.60 9 31.21 13 .013 45.08 SURGERY 405.73 PATHOLOGY 73 239 2,961.66 12.39 .235 40.57 2.92 RADIOLOGY 44 117 13,297.66 113.66 .115 302.22 13.09 ROOM USE 3,438.27 44.65 .076 64.87 3.38

CROSSOVERS/ALL OTH OUTPTNT	67	242		3,215.77	13.29	.238	48.00	3.17
@COUNTY HOSPITAL TOTAL	3	5	\$	151.11 \$	30.22	.005 \$	50.37	\$.15
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	5		151.11	30.22	.005	50.37	.15
MEDICAL	1	1		26.38	26.38	.001	26.38	.03
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		48.20	48.20	.001	48.20	.05
CROSSOVERS/ALL OTH OUTPTNT	2	3		76.53	25.51	.003	38.27	.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES M	IONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU DEC	C 2002	PAGE 13,907
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	57 AL	L DISA	BLED				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1,016 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 168 793 89,474.22 \$ 112.83 .781 \$ 532.58 \$ COMM HOSP INPATIENT TOTAL 19 74 64,800.64 875.68 .073 3410.56 63.78 HSC HOSPITALS 19 21,147.00 1113.00 .019 10573.50 20.81 16 NON-HSC HOSPITALS TOTAL 33,989.64 2124.35 .016 6797.93 33.45 16 520.08 1664.26 8.19 ACCOMMODATIONS 8,321.32 .016 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 520.08 ALL OTHER ACCOM 16 8,321.32 .016 1664.26 8.19 0 ANCILLARIES 25,668.32 .00 .000 5133.66 25.26 INPATIENT CROSSOVERS 12 39 9,664.00 247.79 .038 805.33 9.51 .00 0 0 .00 .00 .000 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 24,673.58 34.32 719 .708 156.16 24.29 MEDICAL 22 35 1,479.22 42.26 .034 67.24 1.46 SURGERY 9 13 405.73 31.21 .013 45.08 .40 PATHOLOGY 73 239 2,961.66 12.39 .235 40.57 2.92 RADIOLOGY 44 117 13,297.66 113.66 .115 302.22 13.09 ROOM USE 52 76 3,390.07 44.61 .075 65.19 3.34 CROSSOVERS/ALL OTH OUTPTNT 239 3,139.24 13.13 .235 47.56 3.09 @STATE HOSPITAL 0 0 .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 MENTALLY ILL 0 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 53 1,507 @NURSING FACILITY 246,506.20 163.57 1.483 \$ 4651.06 242.62 LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .000 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 .00 .00 .00 .00 .000 LEV B-TRANSITIONAL IP CARE 0 .00 246,506.20 163.57 4651.06 242.62 LEV B-REGULAR 1,507 1.483 @INTERMEDIATE CARE FACIL.-DD 0 0 .00 .00 .000 \$.00 .00 .00 .000 .00 ICF DDH 0 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	3	\$	48.95	\$	16.32	.003	\$	48.95	\$.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	3		48.95		16.32	.003		48.95		.05
@LABORATORY FACILITY	14	33	\$	418.81	\$	12.69	.032	\$	29.92	\$.41
PATHOLOGY	14	33		418.81		12.69	.032		29.92		.41
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	330	626	\$	64,109.18	\$	102.41	.616	\$	194.27	\$	63.10
CLINIC	2	2		70.81		35.41	.002		35.41		.07
SURGICENTER	1	2		192.12		96.06	.002		192.12		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	328	622		63,846.25		102.65	.612		194.65		62.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN 200	2 THRU	DEC	2002	PF	AGE 13,908
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	57 AL:	L DISA	BLED							

1,016 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST		S COST PER	COST PER
		OR DAYS OF CAR	€.		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	117	5 , 715	\$	100,011.37		5.625	\$ 854.80	\$ 98.44
DURABLE MED. EQUIP.	14	88		11,414.32	129.71	.087	815.31	11.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5		672.76	134.55	.005	224.25	.66
MEDICAL TRANSPORTATION	15	414		10,900.10	26.33	.407	726.67	10.73
AMBULANCES/AIR TRANS	11	392		7,020.77	17.91	.386	638.25	6.91
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	22		3,879.33	176.33	.022	775.87	3.82
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	69		4,643.88	67.30	.068	663.41	4.57
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	3,449		64,864.51	18.81	3.395	8108.06	63.84
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	20	47		529.52	11.27	.046	26.48	.52
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6		904.98	150.83	.006	904.98	.89
PROSTHETICS	1	6		904.98	150.83	.006	904.98	.89
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	131		1,091.11	8.33	.129	181.85	1.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	60	1,506		4,990.19	3.31	1.482	83.17	4.91
@CALIF. CHILDREN SERVICES*	12	183	\$	18 , 974.67	\$ 103.69	.180	\$ 1581.22	\$ 18.68
@XOVER EXCLUDING STATE HOSP**	137	620	\$	19,943.52	\$ 32.17	.610	\$ 145.57	\$ 19.63

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

## COTAL, ALL PROVIDERS	2,816 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
@PHYSICIANS SERVICES 256 846 \$ 38,674.95 \$ 45.72 .300 \$ 151.07 \$ 13.73 OUTPATIENT VISITS 123 170 7,450.50 43.83 .060 60.57 2.65 OFFICE VISITS 76 87 3,189.85 36.66 .031 41.97 1.13 HOME VISITS 0 0 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 48 67 3,074.85 45.89 .024 64.06 1.09 PREVENTIVE CARE 0 0 .00 <td></td> <td></td> <td>OR DAYS OF CARE</td> <td></td> <td></td> <td>PER ELIG</td> <td>USER</td> <td>ELIGIBLE</td>			OR DAYS OF CARE			PER ELIG	USER	ELIGIBLE
@PHYSICIANS SERVICES 256 846 \$ 38,674.95 \$ 45.72 .300 \$ 151.07 \$ 13.73 OUTPATIENT VISITS 123 170 7,450.50 43.83 .060 60.57 2.65 OFFICE VISITS 76 87 3,189.85 36.66 .031 41.97 1.13 HOME VISITS 0 0 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 48 67 3,074.85 45.89 .024 64.06 1.09 PREVENTIVE CARE 0 0 .00 <td>@TOTAL, ALL PROVIDERS</td> <td>1,259</td> <td>5,978 \$</td> <td>464,751.00</td> <td>\$ 77.74</td> <td>2.123</td> <td>369.14</td> <td>\$ 165.04</td>	@TOTAL, ALL PROVIDERS	1,259	5 , 978 \$	464,751.00	\$ 77.74	2.123	369.14	\$ 165.04
OFFICE VISITS 76 87 3,189.85 36.66 .031 41.97 1.13 HOME VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	@PHYSICIANS SERVICES	256	846 \$	38,674.95	\$ 45.72	.300 \$	151.07	\$ 13.73
HOME VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	OUTPATIENT VISITS	123	170	7,450.50	43.83	.060	60.57	2.65
EMERGENCY ROOM PREVENTIVE CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OFFICE VISITS	76	87	3,189.85	36.66	.031	41.97	1.13
PREVENTIVE CARE 0 0 0 1.00 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 6 14 1.110.04 79.29 .005 185.01 .39 OTHER OUTPATIENT 2 2 2 .75.76 37.88 .001 37.88 .03 INPATIENT VISITS 24 71 4.638.75 65.33 .025 193.28 1.65 HOSPITAL VISITS 22 60 2.637.37 43.96 .021 119.88 .94 CRITICAL CARE 2 11 2.001.38 181.94 .004 1000.69 .71 SNF/ICF/TRANS IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 1 1 1 47.11 47.11 .000 47.11 .02 EXAMINATIONS 1 1 47.11 47.11 47.11 .000 47.11 .02 SERVICES AND MATERIALS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 24 201 11,933.45 59.37 .071 497.23 4.24 PRINCIPAL SURGEON 12 15 8.194.99 546.33 .005 682.92 2.91 ASSISTANT SURGEON 4 4 4 74.96 186.99 .001 186.99 .27 ANESTHESIOLOGIST 15 182 2.990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 73 6.439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 8 36 5.504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	HOME VISITS	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI 6 14 1,110.04 79.29 .005 185.01 .39 OTHER OUTPATIENT 2 2 7.5.76 37.88 .001 37.88 .03 INPATIENT VISITS 24 71 4,638.75 65.33 .025 193.28 1.65 HOSPITAL VISITS 22 60 2,637.37 43.96 .021 119.88 .94 CRITICAL CARE 2 11 2,001.38 181.94 .004 1000.69 .71 SNF/ICF/TRANS IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPHINALMOLOGICAL SERVICES 1 1 1 47.11 47.11 .000 47.11 .02 EXAMINATIONS 1 1 47.11 47.11 .000 47.11 .02 EXAMINATIONS 1 1 47.11 47.11 .000 47.11 .02 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 24 201 11,933.45 59.37 .071 497.23 4.24 PRINCIPAL SURGEON 12 15 8,194.99 546.33 .005 682.92 2.91 ASSISTANT SURGEON 4 4 4 74.96 186.99 .001 186.99 .27 ANESTHESIOLOGIST 15 182 2,990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 .73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 .775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	EMERGENCY ROOM	48	67	3,074.85	45.89	.024	64.06	1.09
OTHER OUTPATIENT 2 2 75.76 37.88 .001 37.88 .03 INPATIENT VISITS 24 71 4,638.75 65.33 .025 193.28 1.65 HOSPITAL VISITS 22 60 2,637.37 43.96 .021 119.88 .94 CRITCAL CARE 2 11 2,001.38 181.94 .004 1000.69 .71 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .000 .00 <td>PREVENTIVE CARE</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	OB VISITS/COMPRE PERI	6	14	1,110.04	79.29	.005	185.01	.39
HOSPITAL VISITS 22 60 2,637.37 43.96 .021 119.88 .94 CRITICAL CARE 2 11 2,001.38 181.94 .004 1000.69 .71 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER OUTPATIENT	2	2	75.76	37.88	.001	37.88	.03
CRITICAL CARE 2 11 2,001.38 181.94 .004 1000.69 .71 SNF/ICF/TRANS IP CARE 0 0 .00	INPATIENT VISITS	24	71	4,638.75	65.33	.025	193.28	1.65
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 1 1 47.11 47.11 .000 47.11 .02 EXAMINATIONS 1 1 47.11 47.11 .000 47.11 .02 SERVICES AND MATERIALS 0 0 .00	HOSPITAL VISITS	22	60	2,637.37	43.96	.021	119.88	.94
OPHTHALMOLOGICAL SERVICES 1 1 47.11 47.11 47.11 .000 47.11 .02 EXAMINATIONS 1 1 1 47.11 47.11 .000 47.11 .02 SERVICES AND MATERIALS 0 0 .00 .	CRITICAL CARE	2	11	2,001.38	181.94	.004	1000.69	.71
EXAMINATIONS 1 1 47.11 47.11 .000 47.11 .02 SERVICES AND MATERIALS 0 0 .00 .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY 24 201 11,933.45 59.37 .071 497.23 4.24 PRINCIPAL SURGEON 12 15 8,194.99 546.33 .005 682.92 2.91 ASSISTANT SURGEON 4 4 747.96 186.99 .001 186.99 .27 ANESTHESIOLOGIST 15 182 2,990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0	SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 24 201 11,933.45 59.37 .071 497.23 4.24 PRINCIPAL SURGEON 12 15 8,194.99 546.33 .005 682.92 2.91 ASSISTANT SURGEON 4 4 747.96 186.99 .001 186.99 .27 ANESTHESIOLOGIST 15 182 2,990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 .00 .00 .00 .00 <td>OPHTHALMOLOGICAL SERVICES</td> <td>1</td> <td>1</td> <td>47.11</td> <td>47.11</td> <td>.000</td> <td>47.11</td> <td>.02</td>	OPHTHALMOLOGICAL SERVICES	1	1	47.11	47.11	.000	47.11	.02
INPATIENT HOSPITAL SURGERY 24 201 11,933.45 59.37 .071 497.23 4.24 PRINCIPAL SURGEON 12 15 8,194.99 546.33 .005 682.92 2.91 ASSISTANT SURGEON 4 4 4 747.96 186.99 .001 186.99 .27 ANESTHESIOLOGIST 15 182 2,990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	EXAMINATIONS	1	1	47.11	47.11	.000	47.11	.02
PRINCIPAL SURGEON 12 15 8,194.99 546.33 .005 682.92 2.91 ASSISTANT SURGEON 4 4 747.96 186.99 .001 186.99 .27 ANESTHESIOLOGIST 15 182 2,990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON 4 4 4 747.96 186.99 .001 186.99 .27 ANESTHESIOLOGIST 15 182 2,990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 0 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	INPATIENT HOSPITAL SURGERY	24	201	11,933.45	59.37	.071	497.23	4.24
ANESTHESIOLOGIST 15 182 2,990.50 16.43 .065 199.37 1.06 OUTPATIENT SURGERY 33 73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	PRINCIPAL SURGEON	12	15	8,194.99	546.33	.005	682.92	2.91
OUTPATIENT SURGERY 33 73 6,439.96 88.22 .026 195.15 2.29 PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	ASSISTANT SURGEON	4	4	747.96	186.99	.001	186.99	.27
PRINCIPAL SURGEON 28 36 5,504.46 152.90 .013 196.59 1.95 ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	ANESTHESIOLOGIST	15	182	2,990.50	16.43	.065	199.37	1.06
ASSISTANT SURGEON 2 2 160.28 80.14 .001 80.14 .06 ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 .00 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	OUTPATIENT SURGERY	33	73	6,439.96	88.22	.026	195.15	2.29
ANESTHESIOLOGIST 6 35 775.22 22.15 .012 129.20 .28 DIALYSIS 0 0 .00 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	PRINCIPAL SURGEON	28	36	5,504.46	152.90	.013	196.59	1.95
DIALYSIS 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	ASSISTANT SURGEON	2	2	160.28	80.14	.001	80.14	.06
PATHOLOGY 64 125 2,630.57 21.04 .044 41.10 .93 RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	ANESTHESIOLOGIST	6	35	775.22	22.15	.012	129.20	.28
RADIOLOGY 64 111 2,776.17 25.01 .039 43.38 .99	DIALYSIS	0	0	.00	.00	.000	.00	.00
•	PATHOLOGY	64	125	2,630.57	21.04	.044	41.10	.93
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00	RADIOLOGY	64	111	2,776.17	25.01	.039	43.38	.99
	PSYCHIATRY	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

IMMUNIZATION AND INJECTION	3	8	60.59	7.57	.003	20.20	.02
OTHER SERVICES/ALL X-OVERS	40	86	2,697.85	31.37	.031	67.45	.96
@PHARMACY	581	1,590	\$ 64,363.33	\$ 40.48	.565	\$ 110.78	\$ 22.86
PRESCRIPTION DRUGS	579	1,365	63,274.96	46.36	.485	109.28	22.47
SNF/ICF	15	50	3,464.31	69.29	.018	230.95	1.23
OUTPATIENTS	565	1,315	59,810.65	45.48	.467	105.86	21.24
MEDICAL SUPPLIES	10	225	1,088.37	4.84	.080	108.84	.39
@DENTIST	32	164	\$ 4,430.00	\$ 27.01	.058	\$ 138.44	\$ 1.57
VISITS - DIAGNOSTIC	26	104	1,666.00	16.02	.037	64.08	.59
ORAL SURGERY	4	13	515.00	39.62	.005	128.75	.18
DRUGS	1	1	15.00	15.00	.000	15.00	.01
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.04
PERIODONTICS	2	2	55.00	27.50	.001	27.50	.02
ENDODONTICS	2	7	686.00	98.00	.002	343.00	.24
RESTORATIVE DENTISTRY	7	33	1,183.00	35.85	.012	169.00	.42
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	210.00	70.00	.001	70.00	.07
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	S MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 13,910
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 2,816 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 145 3,600.66 24.83 .051 \$ 73.48 \$ 1.28 38 38 1,778.24 46.80 .013 46.80 .63 DIAGNOSTIC AND ANC. PROCED 36 103 .037 48.66 EYE APPLIANCES 1,751.60 17.01 .62 70.82 17.71 OTHER OPTOMETRIC SERVICES 17.71 .001 .03 \$.000 \$ @CHIROPRACTOR 0 .00 .00 .00 \$.00 .00 .00 .00 VISITS .00 .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 9 560.20 \$ 62.24 .003 \$ 186.73 .20 NURSE ANESTHESIST .00 Ś .00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 .00 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 271 131,004.86 @TOTAL HOSPITAL 1,165 112.45 .414 \$ 483.41 \$ 46.52 81 .029 HOSP INPATIENT TOTAL 21 95,878.19 1183.68 4565.63 34.05 HSC HOSPITALS 4,900.00 700.00 .002 2450.00 1.74 NON-HSC HOSPITAL TOTAL 18 70 90,186.19 1288.37 .025 5010.34 32.03 18 70 25,552.55 365.04 1419.59 ACCOMMODATIONS .025 9.07 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 0 .00 0 .00 .00 TRANSITIONAL IP CARE .000 .00 70 365.04 18 25,552.55 .025 1419.59 ALL OTHER ACCOM 9.07 ANCILLARIES 18 0 64,633.64 .00 .000 3590.76 22.95 INPATIENT CROSSOVERS 1 792.00 198.00 .001 792.00 .28 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SIERRA COUNTY

HOSP OUTPATIENT TOTAL	261	1,084		35,126.67		32.40	.385	134.	58	12.47	
MEDICAL	68	89		3,816.54		42.88	.032	56.	13	1.36	
SURGERY	24	29		2,025.39		69.84	.010	84.	39	.72	
PATHOLOGY	132	387		4,585.19		11.85	.137	34.	74	1.63	
RADIOLOGY	73	116		13,555.23		116.86	.041	185.	59	4.81	
ROOM USE	117	169		6,364.41		37.66	.060	54.	10	2.26	
CROSSOVERS/ALL OTH OUTPTNT	79	294		4,779.91		16.26	.104	60.	51	1.70	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.	0 0	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		0 0	.00	
HSC HOSPITALS	0	0		.00		.00	.000		0 0	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		0 0	.00	
ACCOMMODATIONS	0	0		.00		.00	.000		0 0	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		0 0	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		0 0	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		0 0	.00	
ANCILLARIES	0	0		.00		.00	.000		0 0	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		0 0	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		0 0	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		0 0	.00	
MEDICAL	0	0		.00		.00	.000		0 0	.00	
SURGERY	0	0		.00		.00	.000		0 0	.00	
PATHOLOGY	0	0		.00		.00	.000		0 0	.00	
RADIOLOGY	0	0		.00		.00	.000		0 0	.00	
ROOM USE	0	0		.00		.00	.000		0 0	.00	
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		0 0	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	JRES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC 2002		E 13,911	
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03	
SIERRA COUNTY	SUMMARY OF SERVICES FOR	58 ALI	FAMI	LIES							

DIDIGIT COONTI	SOIMMET OF SERV	VIOLO IOIC OO IILL				M	ONTHLY AVERA	CF
2,816 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAY	S COST PER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	271	1,165	\$	131,004.86	\$ 112.45	.414		-
COMM HOSP INPATIENT TOTAL	21	81	·	95,878.19	1183.68	.029	4565.63	34.05
HSC HOSPITALS	2	7		4,900.00	700.00	.002	2450.00	1.74
NON-HSC HOSPITALS TOTAL	18	70		90,186.19	1288.37	.025	5010.34	32.03
ACCOMMODATIONS	18	70		25,552.55	365.04	.025	1419.59	9.07
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	70		25,552.55	365.04	.025	1419.59	9.07
ANCILLARIES	18	0		64,633.64	.00	.000	3590.76	22.95
INPATIENT CROSSOVERS	1	4		792.00	198.00	.001	792.00	.28
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	261	1,084		35,126.67	32.40	.385	134.58	12.47
MEDICAL	68	89		3,816.54	42.88	.032	56.13	1.36
SURGERY	24	29		2,025.39	69.84	.010	84.39	.72
PATHOLOGY	132	387		4,585.19	11.85	.137	34.74	1.63
RADIOLOGY	73	116		13,555.23	116.86	.041	185.69	4.81
ROOM USE	117	169		6,364.41	37.66	.060	54.40	2.26
CROSSOVERS/ALL OTH OUTPINT	79	294		4,779.91	16.26	.104	60.51	1.70
@STATE HOSPITAL	5	151	\$	56 , 519.19	\$ 374.30		\$ 11303.84	\$ 20.07
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	151		56,519.19	374.30	.054	11303.84	20.07
@NURSING FACILITY	1	2	\$	440.22	\$ 220.11	.001	\$ 440.22	\$.16
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	2		440.22		220.11	.001		440.22		.16
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	42	99	\$	1,731.56	\$	17.49	.035	\$	41.23	\$.61
PATHOLOGY	42	99		1,731.56		17.49	.035		41.23		.61
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	652	1,011	\$	147,386.77	\$	145.78	.359	\$	226.05	\$	52.34
CLINIC	10	37		948.71		25.64	.013		94.87		.34
SURGICENTER	2	16		548.68		34.29	.006		274.34		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	643	958		145,889.38		152.29	.340		226.89		51.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	JRES MONTH	-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PΖ	AGE 13,912
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	R 58 AL1	L FAMILIES								

----- MONTHLY AVERAGE -----2,816 ELIGIBLES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 97 796 16,039.26 20.15 .283 \$ 165.35 \$ 5.70 DURABLE MED. EQUIP. 1 1 85.65 85.65 .000 85.65 .03 0 .00 .00 .000 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 6,653.54 MEDICAL TRANSPORTATION 12 229 29.05 .081 554.46 2.36 AMBULANCES/AIR TRANS 11 227 3,053.54 13.45 .081 277.59 1.08 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES 2 3,600.00 1800.00 .001 1800.00 1.28 0 .00 .000 .00 ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 GENETIC DISEASE TESTING 530.00 88.33 .002 88.33 .19 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN 33 72 674.91 9.37 .026 20.45 .24 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY 88.99 44.50 88.99 .03 .001 HOSPICE SERVICES .00 .00 .00 .00 .000 0 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 322 2,790.67 8.67 96.23 .99 LOCAL EDUCATION AGENCIES .114 0 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .000 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 18 164 5,215.50 31.80 .058 289.75 1.85 @CALIF. CHILDREN SERVICES* 51 5,768.95 113.12 .018 \$ 1153.79 \$ 2.05 @XOVER EXCLUDING STATE HOSP** 12 56 \$ 2,186.20 \$ 39.04 .020 \$ 182.18 \$.78

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,913 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

Total
STOPPING
PEPHSTCIANS SERVICES
OUTPATIENT VISITS 3
OFFICE VISITS 2 2 66.48 30.24 .019 30.24 5.8 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
HOME VISITS
EMERGENCY ROOM 1 1 1 1 44.60 44.60 .010 44.60 .42 PREVENTIVE CARE 0 0 0 .00 .00 .00 .000 .000 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 0 .00 .00 .00 .000 .00 .00 INPATIENT VISITS 0 0 0 .00 .00 .00 .00 .00 .00 HOSPITAL VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 SNFAINTH HOSPITAL SURGERY 1 1 11.560 .115.60 .010 .15.60 .110 PRINCIPAL SURGEON 1 1 11.560 .115.60 .010 .15.60 .110 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 OUTPATIENT SURGERY 1 1 1 82.65 82.65 .010 82.65 .79 ASSISTANT SURGEON 0 1 82.65 .79 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
PREVENTIVE CARE OB VISITS/COMPRE PERI O O O
OB VISITS/COMPRE PERI 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
INPATIENT VISITS
HOSPITAL VISITS
CRITICAL CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
SNF/ICF/TRANS IP CARE
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 EXAMINATIONS 0 0 .00 .00 .00 .00 .00 .00 SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 1 1 115.60 .115.60 .010 .115.60 .1.10 PRINCIPAL SURGEON 1 1 115.60 .115.60 .010 .115.60 .1.10 ASSISTANT SURGEON 0 0 .00
EXAMINATIONS 0 0 .0
SERVICES AND MATERIALS 0
INPATIENT HOSPITAL SURGERY 1 1 1 115.60 115.60 .010 115.60 1.10 PRINCIPAL SURGEON 1 1 1 115.60 115.60 .010 115.60 1.10 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0
PRINCIPAL SURGEON 1 1 1 115.60 115.60 .010 115.60 1.10 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 OUTPATIENT SURGERY 1 1 1 82.65 82.65 .010 82.65 .79 PRINCIPAL SURGEON 1 1 1 82.65 82.65 .010 82.65 .79 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 3 3 8 141.17 17.65 .076 47.06 1.34 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 2 5 40.00 8.00 .048 20.00 .38 @PHARMACY 10 15 \$559.96 \$73.33 .143 \$56.00 \$5.33 PRESCRIPTION DRUGS 10 15 \$559.96 37.33 .143 \$56.00 \$5.33 SNF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 10 15 559.96 37.33 .143 56.00 5.33
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OUTPATIENT SURGERY 1 1 82.65 82.65 .010 82.65 .79 PRINCIPAL SURGEON 1 1 82.65 82.65 .010 82.65 .79 ASSISTANT SURGEON 0 0 .00
PRINCIPAL SURGEON 1 1 82.65 82.65 .010 82.65 .79 ASSISTANT SURGEON 0 0 .00
ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
DIALYSIS 0 0 .00
PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 RADIOLOGY 3 8 141.17 17.65 .076 47.06 1.34 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0
RADIOLOGY 3 8 141.17 17.65 .076 47.06 1.34 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
PSYCHIATRY 0 0 .00<
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 2 5 40.00 8.00 .048 20.00 .38 @PHARMACY 10 15 \$ 559.96 \$ 37.33 .143 \$ 56.00 \$ 5.33 PRESCRIPTION DRUGS 10 15 559.96 37.33 .143 56.00 5.33 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 10 15 559.96 37.33 .143 56.00 5.33
OTHER SERVICES/ALL X-OVERS 2 5 40.00 8.00 .048 20.00 .38 @PHARMACY 10 15 \$ 559.96 \$ 37.33 .143 \$ 56.00 \$ 5.33 PRESCRIPTION DRUGS 10 15 559.96 37.33 .143 56.00 5.33 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
@PHARMACY 10 15 \$ 559.96 \$ 37.33 .143 \$ 56.00 \$ 5.33 PRESCRIPTION DRUGS 10 15 559.96 37.33 .143 56.00 5.33 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 10 15 559.96 37.33 .143 56.00 5.33
PRESCRIPTION DRUGS 10 15 559.96 37.33 .143 56.00 5.33 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 10 15 559.96 37.33 .143 56.00 5.33
SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 10 15 559.96 37.33 .143 56.00 5.33
OUTPATIENTS 10 15 559.96 37.33 .143 56.00 5.33
MEDICAL SUPPLIES 0 0 0 .00 .00 .00 .00 .00 .00
MEDICAL SOFFEIES 0 .00
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00 .00 .00 .00
ORAL SURGERY 0 0 .00 .00 .00 .00 .00 .00 .00
DRUGS 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIA 0 0 .00 .00 .00 .00 .00 .00
PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00 .00
ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00
RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00 .00 .00
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 .00
DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 13,914
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 59 ALL MEI	DICALLY INDIGENT				

SIERRA COUNTY	SUMMARY OF SERV	VICES FOR	59 ALL	MEDI	CALLY INDIGENT							
								Mo	ONT	THLY AVERA	GΕ	
105 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		4	\$	90.30	\$	22.58	.038	\$	90.30	\$.86
DIAGNOSTIC AND ANC. PROCED	1		1		47.45		47.45	.010		47.45		.45
EYE APPLIANCES	1		3		42.85		14.28	.029		42.85		.41
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6		15	\$	747.79	\$	49.85	.143	\$	124.63	\$	7.12
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	15	747.79	49.85	.143	124.63	7.12
MEDICAL	1	1	33.54	33.54	.010	33.54	.32
SURGERY	1	1	15.60	15.60	.010	15.60	.15
PATHOLOGY	0	Û	.00	.00	.000	.00	.00
RADIOLOGY	5	9	529.02	58.78	.086	105.80	5.04
ROOM USE	3	3	138.44	46.15	.029	46.15	1.32
CROSSOVERS/ALL OTH OUTPTNT	1	1	31.19	31.19	.010	31.19	.30
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0 \$.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0			.000		
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	U	0	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	1002 THRU DE	C 2002	PAGE 13,915
MOP024	FEE-FOR-SERVICE/DE						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE	S FOR 59 ALL MEDIC	ALLY INDIGENT				
					MON'		
105 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	15 \$	747.79	\$ 49.85	.143 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-UCC HOCDITATE TOTAL	\cap	Λ	0.0	0.0	$\cap \cap \cap$	0.0	$\cap \cap$

105 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	15	\$ 747.79	\$ 49.85	.143	124.63	\$ 7.12
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	15	747.79	49.85	.143	124.63	7.12
MEDICAL	1	1	33.54	33.54	.010	33.54	.32
SURGERY	1	1	15.60	15.60	.010	15.60	.15
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	9	529.02	58.78	.086	105.80	5.04
ROOM USE	3	3	138.44	46.15	.029	46.15	1.32
CROSSOVERS/ALL OTH OUTPINT	1	1	31.19	31.19	.010	31.19	.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	15	\$	2,239.84	\$	149.32	.143	\$	223.98	\$	21.33
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	15		2,239.84		149.32	.143		223.98		21.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	02 THRU	DEC	2002	PA	GE 13,916
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

105 ELIGIBLES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER **USERS** EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 91.55 \$ 2.62 @ALL OTHER PROVIDERS 36 274.65 7.63 .343 \$ DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 25 MEDICAL TRANSPORTATION 104.87 4.19 .238 104.87 1.00 AMBULANCES/AIR TRANS 104.87 4.19 .238 104.87 1.00 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .000 .00 16.64 8.32 OPTICIAN .019 16.64 .16 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .000 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	9	153.14	17.02	.086	153.14	1.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,917 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC	E/DENTAL							01/1//03
SIERRA COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	AL DIAL	YSIS	AID C			
								NTHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF	SERVICE	C	EXPENDITURES		T UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE	C		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	•	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	•	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	0		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MONTH-OF-	PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PA	GE 13,918
MOP024	FEE-FOR-SERVICE/DENT	ΓAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES	FOR 60 RENAL	DIALYSIS		AID CO	DES			
						MON	THLY AVERA	GE -	
00 ELIGIBLES		S OF SERVICE	EXPE	NDITURES	AVERAGE COST		COST PER		OST PER
	OR	DAYS OF CARE			PER UNIT/DAY	_	USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0	_	.00	.00	.000	.00	_	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	U	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	U	0		.00	.00	.000	.00		.00
OTHER	U	0	^	.00	.00	.000	.00	<u> </u>	.00
@HOME HEALTH AGENCY	0	0	>	.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	U	U	<u>ې</u>	.00	\$.00	.000 \$		\$.00

DIAGNOSTIC AND ANC. PROCED	U	U	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MONTH-O	F-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,919
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 60 REN	AL DIALYSIS		AID CO	DES		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVIC		PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
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COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

171111011001	O		O		• 0 0		• 0 0	.000		• 0 0		• 0 0
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	•	.00	·	.00	.000	•	.00	•	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0		0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
	0		0									
LEV B-SUBACUTE FREESTANDING	U		U		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	т	.00	-T	.00	.000	т.	.00	т.	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0		0	۲		Ą			۲		۲	
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	U		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	Ü		0	\$		\$.00	.000	Ş	.00	Ş	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPE	NDITURE	ES MONTH-O	F-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 13,920
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERV	JICES FOR 60	O RENAI	L DIALYSIS			AID COI	DES				
								M	ONT	HLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EX	PENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS O					UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000		.00		.00
DURABLE MED. EQUIP.	0		0	•	.00	'	.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
	0		0									
OTHER TRANS	U		0		.00		.00	.000		.00		.00
OTHER SERVICES	U		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000		.00		.00
OPTICIAN	0		0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000		.00		.00

0

.00

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0

SURGERY

PATHOLOGY

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,921 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

O	SIBRA COUNTI	SOPPART OF SERV	TICES FOR OF TOTA	ירו ב	MINIEME MOINTION	AID COL			~ E
CTOTAL, ALL PROVIDERS	00 ELICIPIES	HOEDO	INITES OF SERVICE		EVDENDIBLIDEC	ATTERACE COCH			
### CALL PROVIDERS 0 0 \$.00 \$	UU ELIGIBLES	USERS			EXPENDITURES				
0PHYSICIANS SERVICES 0 0 \$.00		0			0.0				
OUTPATIENT VISITS	- •	0	· · · · · · · · · · · · · · · · · · ·	\$ \$		·			•
OFFICE VISITS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		0	0	Ş		·			•
HOME VISITS		0	0						
EMERGENCY ROOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
PREVENTIVE CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
OTHER OUTPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
INPATIENT VISITS		0	0						
HOSPITAL VISITS	OTHER OUTPATIENT	0	0			.00			
CRITICAL CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00	CRITICAL CARE	0	0		.00	.00	.000	.00	.00
EXAMINATIONS 0 0 .0	SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS 0 0 .00	OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXAMINATIONS	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON 0 .00	SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY 0 0 .00	ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON 0 .00	ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .000 .000 .000 .000 .00	PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
DIALYSIS 0 0 .00 <td>ASSISTANT SURGEON</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
PATHOLOGY 0 0 .00 </td <td>ANESTHESIOLOGIST</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 <td< td=""><td>DIALYSIS</td><td>0</td><td>0</td><td></td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></td<>	DIALYSIS	0	0		.00	.00	.000	.00	.00
RADIOLOGY 0 0 .00 <td< td=""><td>PATHOLOGY</td><td>0</td><td>0</td><td></td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></td<>	PATHOLOGY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION 0 0 .00	RADIOLOGY	0	0		.00	.00		.00	.00
OTHER SERVICES/ALL X-OVERS 0 0 .00	PSYCHIATRY	0	0		.00	.00	.000	.00	.00
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00	IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
PRESCRIPTION DRUGS 0 0 .00 .00 .00 .00 .00 SNF/ICF 0 0 .00 .00 .00 .00 .00 .00	@ PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
SNF/ICF 0 0 .00 .00 .00 .00 .00		0	0	•		•			•
		0	0						
		0	0		.00	.00		.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONTH-OF-	PAYMENT REP	ORT FOR JAN 2	002 THRU DEC	2002	PAGE 13,922
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	61 TOTA	L PARENTERAL	NUTRITION	AID COD	ES		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 EYE APPLIANCES .00 OTHER OPTOMETRIC SERVICES 0 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 .00 VISITS .00 .000 . 00 OTHER SERVICES .00 .00 .000 .00 . 00 0 .00 \$.00 .000 \$.00 \$.00 @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 .00 .00 .00 .00 SURGERY/ANES. .000 .00 0 .000 RADIO./PATHOLOGY .00 .00 .00 .00 .00 .00 .00 OTHER .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 \$.00 \$.00 .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 \$.00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 .000 \$ FAMILY NURSE PRACTITIONER .00 \$.00 .00 \$.00 @TOTAL HOSPITAL .00 \$.00 .000 \$.00 \$.00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY .00 .00 .000 .00 .00 .000 RADIOLOGY .00 .00 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 13,923
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	R 61 TOTAL	PARENTERAL NUTRITION	AID CODES			
					MONT	HLY AVERAGE	

AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 @STATE HOSPITAL .00 . 00 .000 \$.00 .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .000 @NURSING FACILITY .00 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .000 .00 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 .00 ICF DDH .00 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

	_		_									
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPEN	DITURE	S MON	TH-OF-PAYMENT RE	PORT	FOR JAN		DEC		PAC	SE 13,924
MOP024	FEE-FOR-SERVICE/DE	ENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE		TOTAL	PARE	NTERAL NUTRITION		AID CO	DES				-, -, , , ,
								M	НТИС	LY AVERA	ξE	
00 ELIGIBLES	USERS UN	NITS OF SE	RVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY		OST PER		ST PER
**		OR DAYS OF					UNIT/DAY	PER ELIG		USER		IGIBLE
@ALL OTHER PROVIDERS	0	71. 21110 01	0	Ś	.00	\$.00	.000	Ś	.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	'	.00	.000		.00		.00
BLOOD BANK	0		0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0		0		.00		.00	.000		.00		.00
OTHER TRANS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
ACUPUNCTURE	0		0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0		0									
	()		()		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00)	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00)	.00
OPTICIAN	0	0	.00	.00	.000	.00)	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00)	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00)	.00
PROSTHETICS	0	0	.00	.00	.000	.00)	.00
ORTHOTICS	0	0	.00	.00	.000	.00)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00) \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,925 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3.02 @TOTAL, ALL PROVIDERS 1 \$ 3.02 .000 \$ 3.02 \$.00 1 @PHYSICIANS SERVICES 0 0 .00 \$.00 .000 \$.00 \$.00 \$ 0 .00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 OFFICE VISITS .00 .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 13,926

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56
------ MONTHLY AVERAGE ------

00				 		TILL AVENA	ŒĽ.	~~~~ ~~~
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAY	COST PER		COST PER
		OR DAYS OF CARE		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-C	F-PAYMENT REPO	ORT FOR JAN 2	002 THRU DEC	2002	PAGE 13,927
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	AID	CODES 51 52	56		
						MONT	HLY AVERAG	E

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MONTH-	OF-PAYMENT I	REPORT	FOR JAN 20	02 THRU	DEC 2	002	PAG	E 13,928
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	i	AID CO	DES 51 52 5	6				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG 3.02 \$ @ALL OTHER PROVIDERS 1 1 3.02 3.02 .000 \$.00 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .000 AMBULANCES/AIR TRANS .00 .00 .00 .00 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 PROSTHETICS .00 ORTHOTICS .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .000 SPEECH AND AUDIOLOGY .00 .00 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .000 3.02 3.02 3.02 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,929 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F SIERRA COUNTY

					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU DE	EC 2002	PAGE 13,930

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 .000 \$ @HOME HEALTH AGENCY .00 .00 .00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 \$.00 .000 .00 .00 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER \$.00 .00 .00 .00 @TOTAL HOSPITAL .000 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

01/17/03

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	Ü	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	Ü	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	O	0	.00	.00	.000	.00	.00
RADIOLOGY	Λ	0		^ ^	$\wedge \wedge \wedge$.00	.00
1410101001	O	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE CROSSOVERS/ALL OTH OUTPTNT			.00	.00	.000	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	.00	.00	.000	.00	.00 .00 PAGE 13,931
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL	.00 .00 CH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2	.000 .000 2002 THRU DEC	.00	.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MONT	.00 .00 CH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2	.000 .000 :002 THRU DEC	.00	.00 .00 PAGE 13,931 01/17/03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR 63 MI/MN ALIEN	.00 .00 CH-OF-PAYMENT RE	.00 .00 PORT FOR JAN 2	.000 .000 2002 THRU DEC	.00 .00 2002	.00 .00 PAGE 13,931 01/17/03
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES MONT /DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE	.00 .00 CH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST	.000 .000 2002 THRU DEC FF MONT UNITS/DAYS	.00 .00 2002 HLY AVERAG	.00 .00 PAGE 13,931 01/17/03 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES	.00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY	.000 .000 .002 THRU DEC MONT UNITS/DAYS PER ELIG	.00 .00 2002 HLY AVERAC COST PER USER	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MONT /DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE	.00 .00 CH-OF-PAYMENT RE	.00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST	.000 .000 2002 THRU DEC FF MONT UNITS/DAYS	.00 .00 2002 HLY AVERAG	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES	.00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY	.000 .000 .002 THRU DEC MONT UNITS/DAYS PER ELIG	.00 .00 2002 HLY AVERAC COST PER USER	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MONT /DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES .00	.00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00	.000 .000 2002 THRU DEC FF MONT UNITS/DAYS PER ELIG .000 \$.00 .00 2002 HLY AVERAC COST PER USER .00	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE \$.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES MONTO DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES .00 .00 .00	.00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00 .00	.000 .000 .002 THRU DEC .002 THRU DEC .001 .001 .000 .000	.00 .00 2002 HLY AVERAC COST PER USER .00 .00	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE \$.00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITURES MONTO TO THE PROPERTY OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES .00 .00 .00	.00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 2002 THRU DEC FF MONT UNITS/DAYS PER ELIG .000 \$.000 .000	.00 .00 2002 HLY AVERAC COST PER USER .00 .00 .00	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES MONTO TO THE PROPERTY OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES .00 .00 .00 .00	.00 .00 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 .000 2002 THRU DEC FF MONT UNITS/DAYS PER ELIG .000 .000 .000	.00 .00 2002 HLY AVERAC COST PER USER .00 .00 .00	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITURES MONTO TO THE PROPERTY OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES .00 .00 .00 .00 .00	.00 .00 PORT FOR JAN 2 D CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 .000 2002 THRU DEC FF MONT UNITS/DAYS PER ELIG .000 .000 .000 .000	.00 .00 2002 HLY AVERAC COST PER USER .00 .00 .00	.00 .00 PAGE 13,931 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
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ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO / DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2002 THRU DEC 3F MONT UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .2002 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 PAGE 13,931 .01/17/03 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO / DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2002 THRU DEC 3F MONT UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .2002 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 PAGE 13,931 .01/17/03 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 CH-OF-PAYMENT RE WITHOUT SIS AI EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2002 THRU DEC 3F MONT UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .2002 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 PAGE 13,931 .01/17/03 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO TO THE TOTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE O \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DEC .002 THRU DEC .001 .000 .000 .000 .000 .000 .000 .00	.00 .00 .2002 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PAGE 13,931 .01/17/03 GE
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DEC .002 THRU DEC .001 .000 .000 .000 .000 .000 .000 .00	.00 .00 .2002 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 PAGE 13,931 .01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO / DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DEC .002 THRU DEC .001 .000 .000 .000 .000 .000 .000 .00	.00 .00 .2002 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PAGE 13,931 .01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO TO THE PROPERTY OF SERVICE OR DAYS OF CARE OR DAYS OF CARE O O O O O O O O O O O O O	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 THRU DEC .001 THRU DEC .001 S .000 S .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .2002 HLY AVERAC COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PAGE 13,931 .01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MONTO / DENTAL ICES FOR 63 MI/MN ALIEN UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 EPORT FOR JAN 2 ED CODE 55 58 5 AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .002 THRU DEC .002 THRU DEC .001 .000 .000 .000 .000 .000 .000 .00	.00 .00 .2002 HLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 PAGE 13,931 .01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00			.00		.00
XO AND OTHERS	0	0		.00	.00			.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0	0		.00	.00	.000		.00		.00
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-C	OF-PAYMENT REI	PORT FOR JA	N 2002 THRU	DEC	2002	PA	GE 13,932
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

SIERRA COUNTI	SOPPART OF SERV	ICES FOR 05 MI/MR	АПІЕ	in williool bib A.	ID CODE 33 30 3	MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,933 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
SIERRA COUNTY	SUMMARY OF SER	VICES FOR	64 REFU	JGEES	A.	ID COI	DES 01 02	08			
								M	ONT	HLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS	OF CARE	C		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 13,934	
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03	
SIERRA COUNTY	SUMMARY OF SERVICES H	FOR 64 REFUGEES	AI	D CODES 01 02	08			
		MONTHLY AVERAG						
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR I	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	

0 \$ 0 \$ 0 \$ 0 \$

0

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.000 \$

.000 \$

.000 \$

.000 \$

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 13,935
MOP024	FEE-FOR-SERVICE/I	ENTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE	ES FOR 64 REFUGEES	S A:	ID CODES 01 02	08		
					MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOCD THRATTENE HORAT	0	0	0.0	0.0	000	0.0	0.0

						111111 11V 11V1C	,
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
	0	•					
DEVELOP. DISABLED	U	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	0	-					
ICF DDN/DDCN	U	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
-	0	0 2			·		•
CLINIC	U	0	.00	.00	.000	.00	.00
SURGICENTER	U	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 13,936
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 64 REFUGEES	AI	D CODES 01 02	08		
					MONT	HLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
**	0.0	OR DAYS OF CARE			PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
-	0	0					
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	U	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
	0	0					
PHYSICAL THERAPIST	•		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

01/17/03

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,937 MOP024 FEE-FOR-SERVICE/DENTAL

SIERRA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

SIERRA COUNTI	DOMINANT OF DEL	WICED FOR 00 DCCI	ומעומים ב.	VALI	AID CODES ON	OIN		
						MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE]		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	ITH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 13,938
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	R 65 BCCTP-FEDE	CRAL	AID CODES 0M	ON		
					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	. 0.0	. 0.0	. 000	. 0.0	. 00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	RAGE COST			COST PER	COST PER
_	_	OR DAYS OF CARE		. UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	Ō	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 13,939
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-FED	ERAL	AID CODES 0M	ON		
					MONT	THLY AVERA	GE
00 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL ORDED ACCOM	0	0			0.0		0.0	,	000		0.0		0.0
ALL OTHER ACCOM	0	•			.00		.00		000		.00		.00
ANCILLARIES	0	0			.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	. (000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	. (000		.00		.00
MEDICAL	0	0			.00		.00	. (000		.00		.00
SURGERY	0	0			.00		.00	. (000		.00		.00
PATHOLOGY	0	0			.00		.00	. (000		.00		.00
RADIOLOGY	0	0			.00		.00		000		.00		.00
ROOM USE	0	0			.00		.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00		000		.00		.00
· · · · · · · · · · · · · · ·	0	-	Ċ			ċ				Ċ		ċ	
@STATE HOSPITAL	0	0	\$.00	\$.00		000	\$.00	\$.00
MENTALLY ILL	U	0			.00		.00		000		.00		.00
DEVELOP. DISABLED	Ü	0			.00		.00		000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	. (000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	. (000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	. (000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	. (000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	. (000		.00		.00
LEV B-REGULAR	0	0			.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		000	Ś	.00	\$.00
ICF DDH	0	0	Υ		.00	۲	.00		000	Ψ	.00	Ψ.	.00
	0	0			.00								
ICF DD	0	•					.00		000		.00		.00
ICF DDN/DDCN	U	0			.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	Ü	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00		000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	. (000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	. (000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	. (00		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	. (000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00		000		.00		.00
XO AND OTHERS	0	0			.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		000	\$.00	\$.00
CLINIC	0	0	-T		.00	7	.00		000	-	.00	4	.00
SURGICENTER	0	0			.00		.00		000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00		000		.00		
	0	0			.00		.00		000		.00		.00
RURAL HEALTH CLINIC	•	•	IIDEG :	MONIEU OF D		DODE				DEC		Г.	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		URES .	MONTH-OF-P	AYMENT RE	PORT	FOR JAN .	2002 Ti	iKU	DEC	2002	Ρ.	AGE 13,940
MOP024	FEE-FOR-SERVICE/		~				~~~~	0					01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 65 BC	CTP-F	EDERAL		AID	CODES 0M						
											HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPEN	DITURES		RAGE COST	,		-	COST PER		COST PER
		OR DAYS OF CA					UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00		000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	. (000		.00		.00
BLOOD BANK	0	0			.00		.00	. (000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	. (00		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	. (000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00		000		.00		.00
OTHER TRANS	0	0			.00		.00		000		.00		.00
OTHER SERVICES	0	0			.00		.00		000		.00		.00
ACUPUNCTURE	0	0			.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00		000		.00		.00
GENETIC DISEASE LESTING	U	U			.00		.00	. (000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,941
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MON'	THLY AVERAG	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 13,942
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

AID CODES OR OT

SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

SIERRA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 EYE APPLIANCES .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 \$.00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	•	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
"CALLE DEDE OF HEATEH CEDIT	MEDT CAT CEDITE	TO AND DUDDING HONG	UI OD DAMMDAM DD	DODE HOD TANK	OOO BUDII DE	a 2002	DACE 10 040
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 13,943
MOP024	FEE-FOR-SERVICE	/DENTAL				C 2002	PAGE 13,943 01/17/03
	FEE-FOR-SERVICE			PORT FOR JAN 2	OT		01/17/03
MOP024 SIERRA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 66 BCCTP-STATE	E-ONLY	AID CODES OR	0T MON'	THLY AVERAG	01/17/03 GE
MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE		AID CODES OR AVERAGE COST	OT MON' UNITS/DAYS	THLY AVERAG	01/17/03 GE COST PER
MOP024 SIERRA COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE	E-ONLY EXPENDITURES	AID CODES OR AVERAGE COST PER UNIT/DAY	OT MON' UNITS/DAYS PER ELIG	THLY AVERAG COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$	E-ONLY EXPENDITURES .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00	OT MON' UNITS/DAYS PER ELIG .000 \$	THLY AVERAGE COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	E-ONLY EXPENDITURES .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$	THLY AVERAGE COST PERUSER .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	E-ONLY EXPENDITURES .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000	THLY AVERAGE COST PER USER .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	E-ONLY EXPENDITURES .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE OST PER USER .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	0T MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 SIERRA COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	/DENTAL ICES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODES OR AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

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DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

@NURSING FACILITY

LEV B-REHAB MD

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0							.00		
	0	0	<u>^</u>	.00	^	.00	.000	<u> </u>		<u> </u>	.00
@INTERMEDIATE CARE FACILDD	U	U	\$.00	\$.00	.000	\$		\$.00
ICF DDH	U	U		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUE	RES MO	ONTH-OF-PAYMENT RE	EPORT			DEC		P	AGE 13,944
MOP024	FEE-FOR-SERVICE/										01/17/03
SIERRA COUNTY	SUMMARY OF SERVI		P-STA	ATE-ONLY	ATD	CODES OR	ОТ				,,
01211111 0001111	5011111111 01 521111	1020 1010 00 2001		112 01121		00220 010	M	ONT	HIY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVER	AGE COST	UNITS/DAY		COST PER	-	COST PER
00 EEIGIBEE	002110	OR DAYS OF CARE				UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	010 22118 01 02110	۶ '	.00	\$.00	.000		.00	\$.00
DURABLE MED. EQUIP.	0	0	۲	.00	۲	.00	.000	Y	.00	Y	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
	0	0									.00
HEARING AID DISPENSERS	U	U		.00		.00	.000		.00		.00

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MEDICAL TRANSPORTATION

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,945
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

DIDIMA COUNTI	DOMINANT OF DEIN	VICED FOR OF DCCI	. 1011	711				
						MON	NTHLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	1 2002 THRU D	EC 2002	PAGE 13,946
	/	_					04 /4 = /00

01/17/03

SIERRA COUNTI	SUMMARI OF SER	VICES FOR	0 / DCC1	IF-IOIAL								
								MC	ГИC	THLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE	<u>C</u>		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

MOP024

SIERRA COUNTY

ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EX	PENDITUR	RES MONT	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	P7	AGE 13,947
MOP024	FEE-FOR-SERVICE	:/DENTAL								01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR	67 BCCI	P-TOTAL	ı					
								NTHLY AVERA	-	
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS	OF CARE	E		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000		\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00

					11011	11101 1110101010	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 13,948
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,949
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 68 OMB - ONLY ALD CODE

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR	68 QMB	- ONLY		AID C	ODE		
							MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PA	GE 13,950
MOP024	FEE-FOR-SERVICE								01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB	- ONL:	Y	AID C			~-	
0.0 51 56151 56						MON'		-	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		OST PER
O O DECMEED TOE	0	OR DAYS OF CARE		0.0	PER UNIT/DAY	_	USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	•		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	ć	.00	.00	.000	.00	ć	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	ċ	.00	.00	.000		ċ	
MEDICINE/INJECTIONS	0	0	\$.00	\$.00	.000 \$.00	\$.00
	0	0		.00	.00	.000	.00		.00
SURGERY/ANES. RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00		.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	.00 \$.00			\$.00
NURSE ANESTHESIST	0	0	۶ \$.00	\$.00 \$.00		.00	۶ \$.00
NURSE MIDWIFE	0	0	۶ \$.00	\$.00	.000 \$.000 \$		۶ \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	۶ \$.00	\$.00	.000 \$		۶ \$.00
IDDIAINIC NONSE ENACITIIONER	U	U	7	.00	٠٠٠٠	٠٠٠٠ ۶	.00	Y	• 0 0

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	.00
@TOTAL HOSPITAL	0	0 \$ 0 \$.00	\$.00	.000 \$.00	
HOSP INPATIENT TOTAL	0	0 9	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ü	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Û	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	Û	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT R				PAGE 13,951
MOP024	FEE-FOR-SERVICE/				. 2002 IIII.O DE	2002	01/17/03
SIERRA COUNTY		CES FOR 68 OMB - 0	NT.Y	ATD	CODE		01,11,00
2				1110	MON'	THLY AVERAGE	?
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS		COST PER

UNITS OF SERVICE COST PER 00 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL Ω 0 \$.00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .00 .00 .000 INPATIENT CROSSOVERS 0 .00 .00 .00 ALL OTHER INPATIENT .00 .000 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	•	.00	'	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	Y	.00	Y	.00	.000	.00	٧	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
•	0	0	Ÿ	.00	Ą	.00	.000	.00	۲	.00
HOSPITAL BASED HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
	0	0	ş		Ą		.000		Ą	
HOSPITAL BASED	0			.00		.00		.00		.00
INDEPENDENT FACILITY	0	0	Ċ	.00	Ċ	.00	.000	.00	ċ	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	•		.00		.00	.000	.00		.00
XO AND OTHERS	0	0	<u> </u>	.00	A	.00	.000	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	U	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	Ü	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES MONI	H-OF-PAYMENT RI	EPORT F	OR JAN 2	2002 THRU D	EC 2002	P	AGE 13,952
MOP024	FEE-FOR-SERVICE									01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB	- ONLY			AID C				
								NTHLY AVER		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAR					PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	•	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,953 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SIERRA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

SIERRA COUNTI	SUMMARI OF SER	VICES FOR 09 133% PROGE	KAM A.	ID CODES /2 /4			_
					MON'		
44 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13	17 \$	1,602.19	\$ 94.25	.386 \$		\$ 36.41
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	3 \$	26.68	\$ 8.89	.068 \$	8.89	\$.61
PRESCRIPTION DRUGS	3	3	26.68	8.89	.068	8.89	.61
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	3	26.68	8.89	.068	8.89	.61

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITIBES	S MONTH-OF-PAYMENT F	REPORT FOR JAN	V 2002 THRII 1	DEC 2002	PAGE 13,954
"OTTELL BELL OF HEHELIN BENT	HEDI CAL DEKVICED A	ND DWIDINDIIOND	, 11014111 01 11111111111111111111111111	CELOICE FOIC OIL	. 2002 11110	DEC 2002	INGE IJ, JJ4
MOP024	FEE-FOR-SERVICE/DEN		, 110111111 01 111111111111111111111111		. 2002 11110	2002	01/17/03
		TAL		AID CODES 72		2002	
MOP024 SIERRA COUNTY	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES	TAL			74 8N	ONTHLY AVERA	01/17/03 GE
MOP024	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE		AID CODES 72 T	74 8N MG ST UNITS/DAY:	ONTHLY AVERA S COST PER	01/17/03
MOP024 SIERRA COUNTY	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I	PROGRAM A	AID CODES 72 AVERAGE COS PER UNIT/DA	74 8N Mo ST UNITS/DAY: AY PER ELIG	ONTHLY AVERA S COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 SIERRA COUNTY	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	PROGRAM A	AID CODES 72 T	74 8N Mo ST UNITS/DAY: AY PER ELIG .000	ONTHLY AVERA S COST PER USER \$.00	01/17/03 GE COST PER
MOP024 SIERRA COUNTY 44 ELIGIBLES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	PROGRAM F	AID CODES 72 AVERAGE COS PER UNIT/DA	74 8N Mo ST UNITS/DAY: AY PER ELIG	ONTHLY AVERA S COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 SIERRA COUNTY 44 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	PROGRAM EXPENDITURES .00	AID CODES 72 AVERAGE COS PER UNIT/DE \$.00	74 8N Mo ST UNITS/DAY: AY PER ELIG .000 .000 .000	ONTHLY AVERA S COST PER USER \$.00 .00	01/17/03 GE COST PER ELIGIBLE \$.00
MOP024 SIERRA COUNTY 44 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	PROGRAM EXPENDITURES .00 .00	AVERAGE COS PER UNIT/DE \$.00	74 8N Mo ST UNITS/DAY: AY PER ELIG .000 .000	ONTHLY AVERA S COST PER USER \$.00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MOP024 SIERRA COUNTY 44 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	EXPENDITURES .00 .00 .00	AVERAGE COS PER UNIT/DE \$.00 .00	74 8N Mo ST UNITS/DAY: AY PER ELIG .000 .000 .000	ONTHLY AVERA S COST PER USER \$.00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
MOP024 SIERRA COUNTY 44 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	EXPENDITURES 00 00 00 00	AVERAGE COS PER UNIT/DE \$.00 .00 .00	74 8N Mo ST UNITS/DAY: AY PER ELIG .000 .000 .000	ONTHLY AVERA S COST PER USER \$.00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MOP024 SIERRA COUNTY 44 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	EXPENDITURES 00 00 00 00 00 00	AVERAGE COS PER UNIT/DE \$.00 .00 .00 .00 \$.00	74 8N M ST UNITS/DAY: AY PER ELIG .000 .000 .000 .000	ONTHLY AVERA S COST PER USER \$.00 .00 .00 .00 \$.00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
MOP024 SIERRA COUNTY 44 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	EXPENDITURES 00 00 00 00 00 00 00 00	AVERAGE COS PER UNIT/DE \$.00 .00 .00 .00 \$.00	74 8N M ST UNITS/DAY: AY PER ELIG .000 .000 .000 .000 .000	ONTHLY AVERA S COST PER USER \$.00 .00 .00 .00 \$.00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00
MOP024 SIERRA COUNTY 44 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% I TS OF SERVICE	EXPENDITURES 00 00 00 00 00 00 00 00 00	AVERAGE COS PER UNIT/DE \$.00 .00 .00 .00 \$.00 .00	74 8N M ST UNITS/DAY: AY PER ELIG .000 .000 .000 .000 .000 .000	ONTHLY AVERA S COST PER USER \$.00 .00 .00 .00 \$.00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	¢	.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ċ	.00	\$.00	.000 \$.00	\$ \$.00
FAMILY NURSE PRACTITIONER	0	0	٠ د	.00	\$.00		.00	\$	
	0	0	ې د					۶ \$.00
@TOTAL HOSPITAL	0	0	Ş	.00	\$.00	.000 \$.00	Ą	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	U	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	U	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Õ		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	TIMOM 2					PAG	E 13,955
MOP024	FEE-FOR-SERVICE		10111	.ii OI IIIIIIIIII IND	101(1 101(0111 2	.002 IIII(O DEC	2002		01/17/03
SIERRA COUNTY		ICES FOR 69 133%	PROCRA	ΔM Δ.T	D CODES 72 74	8 N			01/1//05
SIERRA COONTI	SOMMAN OF SERV	TOES FOR 09 133%	INOGIA	7.1 1.1		MONT	PHIV AMERA	2F	
44 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				ST PER
CHICIPITE FF	021172	OR DAYS OF CARE		TWITINDITONES	PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	0		\$.00	\$.00	.000 \$.00
COMM HOSP INPATIENT TOTAL	0	0	Υ	.00	.00	.000 \$.00	Y	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0							
	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000			.00
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00		.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000	·	.00		.00
DEVELOP. DISABLED	0	Ō		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000	·	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	Ō		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00		.00	.000	Ś		Ś	.00
ICF DDH	0	0		.00	'	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т.	.00	т.	.00	.000	т.	.00	7	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00		.00	.000	Ś		\$.00
HOSPITAL BASED	0	0	Τ	.00	т	.00	.000	т	.00	т	.00
INDEPENDENT FACILITY	0	Õ		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	Ś		\$.00
PATHOLOGY	0	0	Τ	.00		.00	.000	т	.00	т	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	10	Ś	1,546.02		154.60	.227	Ś	154.60	Ś	35.14
CLINIC	0	0	Τ	.00	т	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	10		1,546.02		154.60	.227		154.60		35.14
	MEDI-CAL SERVICES		ES N					DEC		P.	AGE 13,956
MOP024	FEE-FOR-SERVICE/DE				I CDI OICI	1 1 010 01110 2	1002 111110	DLO	2002		01/17/03
SIERRA COUNTY	SUMMARY OF SERVICE		PRC	OGRAM 2	ATD CC	DDES 72 74	8 N				01/1//03
Sillidi Coonii	BOILDIKE OF BEIKVICE	D 101(05 1550	1110	701411	TILD CC	0000 72 71		иОИТ	HLY AVERA	GE -	
44 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	ΔV/F	ERAGE COST			COST PER		COST PER
11 11101110		R DAYS OF CARE		T111 T110 T T 01/E0		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	4	\$	29.49		7.37	.091		29.49		.67
DURABLE MED. EQUIP.	0	0	т.	.00	т	.00	.000		.00	7	.00

					MON	THLY AVERAG	·F
44 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	4 \$	29.49	\$ 7.37	.091 \$	29.49	\$.67
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	4	29.49	7.37	.091	29.49	.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,957
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

----- MONTHLY AVERAGE -----117 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 212.41 \$ @TOTAL, ALL PROVIDERS 63 182 13,382.06 73.53 1.556 \$ 114.38 @PHYSICIANS SERVICES 5 10 Ś 583.38 58.34 .085 \$ 116.68 \$ 4.99 5 335.87 67.17 83.97 OUTPATIENT VISITS .043 2.87 45.55 45.55 OFFICE VISITS 91.09 .017 .78 .000 HOME VISITS .00 .00 .00 .00 244.78 122.39 EMERGENCY ROOM 81.59 .026 2.09 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS 65.01 65.01 .009 65.01 .56 HOSPITAL VISITS 65.01 65.01 .009 65.01 .56 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY 6.08 6.08 .009 6.08 .05 RADIOLOGY 176.42 58.81 .026 88.21 1.51 **PSYCHIATRY** .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	17	35 \$	2,509.20	\$ 71.69	.299	\$ 147.60	\$ 21.45
PRESCRIPTION DRUGS	17	35	2,509.20	71.69	.299	147.60	21.45
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	17	35	2,509.20	71.69	.299	147.60	21.45
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 13,958
		_					04 /4 = /00

SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

SIERRA COUNTY

							M	TNO	HLY AVERA	GE.	
117 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9	25	\$	589.25	\$	23.57	.214	\$	65.47	\$	5.04
DIAGNOSTIC AND ANC. PROCED	7	7		332.15		47.45	.060		47.45		2.84
EYE APPLIANCES	6	18		257.10		14.28	.154		42.85		2.20
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	19	\$	826.16	\$	43.48	.162	\$	206.54	\$	7.06
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	4	19		826.16		43.48	.162	2	206.54		7.06
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		30.26		.00	.000		.00		.26
PATHOLOGY	3	8		78.86		9.86	.068		26.29		.67
RADIOLOGY	2	3		512.65		170.88	.026		256.33		4.38
ROOM USE	2	2		76.53		38.27	.017		38.27		.65
CROSSOVERS/ALL OTH OUTPTNT	3	6		127.86		21.31	.051		42.62		1.09
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RE	EPOR	r for jan 2	2002 THRU	DEC 2	002	P	AGE 13,959
MOP024	FEE-FOR-SERVICE/										01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 70 100%	PRO	GRAM A	ID C	ODES 7A 7C					
							M			-	
117 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			ST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			JSER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	19	\$	826.16	\$	43.48	.162	\$ 2	206.54	\$	7.06

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	19		826.16		43.48	.162		206.54		7.06
MEDICAL	Ü	0		.00		.00	.000		.00		.00
SURGERY	0	0		30.26		.00	.000		.00		.26
PATHOLOGY	3	8		78.86		9.86	.068		26.29		.67
RADIOLOGY	2	3		512.65		170.88	.026		256.33		4.38
ROOM USE	2	2		76.53		38.27	.017		38.27		.65
CROSSOVERS/ALL OTH OUTPTNT	3	6		127.86		21.31	.051		42.62		1.09
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
LEV A-INTERMEDIATE	0	0	'	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0										
LEV B-REGULAR	0	0	^	.00	^	.00	.000	<u> </u>	.00	<u>^</u>	.00
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	3	\$	46.67	\$	15.56	.026	\$	46.67	\$.40
PATHOLOGY	1	3		46.67		15.56	.026		46.67		.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	40	64	\$	8,577.11	\$	134.02	.547	\$	214.43	Ś	73.31
CLINIC	0	0	т	.00	7	.00	.000	т.	.00	т.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	40	64				134.02	.547		214.43		73.31
RURAL HEALTH CLINIC			HIDDO 1	8,577.11				DE 0		Б	
#CALIF DEPT OF HEALTH SERV			TURES I	MONTH-OF-PAYMENT F	REPOR:	r FOR JAN .	2002 THRU	DEC	2002	Ρ.	AGE 13,960
MOP024	FEE-FOR-SERVICE		000 550	0.007.14		0000 73 70	0.5				01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR /0 IC)0% PR(OGRAM A	AID C	ODES /A /C					
							M			_	
117 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES							COST PER
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	10	26	\$	250.29		9.63	.222	\$	25.03	\$	2.14
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00

MEDICAL TRANSPORTATION

.00

.00

.000

.00

.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	12	102.32	8.53	.103	17.05	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	88.99	44.50	.017	88.99	.76
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	12	58.98	4.92	.103	19.66	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,961
MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 16 26 1,184.37 \$ 45.55 .000 \$ 74.02 \$.00 2 119.50 59.75 .000 \$ 59.75 \$.00 @PHYSICIANS SERVICES OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	119.50	59.75	.000	59.75	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 13,962

01/17/03

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .00 EYE APPLIANCES .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 .000 \$ 0 .00 @HOME HEALTH AGENCY .00 .00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 106.90 26.73 53.45 .00 @TOTAL HOSPITAL .000 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

FEE-FOR-SERVICE/DENTAL

MOP024

SIERRA COUNTY

IRANSIIIONAL IP CARE	U	U	.00	.00	.000	.00	. 0	U
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	10
ANCILLARIES	0	0	.00	.00	.000	.00	.0	0 (
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	. 0	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	
HOSP OUTPATIENT TOTAL	2	4	106.90	26.73	.000	53.45	.0	
		4						
MEDICAL	1	1	13.95	13.95	.000	13.95	.0	
SURGERY	0	0	.00	.00	.000	.00	.0	
PATHOLOGY	2	3	92.95	30.98	.000	46.48	.0	
RADIOLOGY	0	0	.00	.00	.000	.00	.0	10
ROOM USE	0	0	.00	.00	.000	.00	.0	10
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.0	0.0
@COUNTY HOSPITAL TOTAL	1	3 \$	54.83	\$ 18.28	.000 \$			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	
	0	0						
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000	.00	.0	
ACCOMMODATIONS	O	0	.00	.00	.000	.00	.0	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	10
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	10
ANCILLARIES	0	0	.00	.00	.000	.00	.0	10
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.0	10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	
CO HOSP OUTPATIENT TOTAL	1	3	54.83	18.28	.000	54.83	.0	
MEDICAL	1	J 1		13.95			.0	
	1	1	13.95		.000	13.95		
SURGERY	Ü	0	.00	.00	.000	.00	.0	
PATHOLOGY	1	2	40.88	20.44	.000	40.88	.0	
RADIOLOGY	0	0	.00	.00	.000	.00	.0	10
ROOM USE	0	0	.00	.00	.000	.00	.0	10
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.0	10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DE	C 2002	PAGE 13,	963
MOP024	FEE-FOR-SERVICE/						01/17	
SIERRA COUNTY		CES FOR 71 PRESUMP EL	TGTRTT.TTV-PRECNZ	NT AID CODES	7 F		01/1/	, 00
DIDITAL COONTI	SOUTH OF SHIVE	CEO TOR /I IRESOIT EE	IOIDILIII IINLOM		MON	THILY AMERA	2F	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PE	
00 FFIGIPTE2	USERS		EXPENDITURES					
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBL	
@COMMUNITY HOSPITAL TOTAL	1	1 \$	52.07	\$ 52.07	.000 \$			
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	0
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	10
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.0	10
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	0
TRANSITIONAL IP CARE	0	Û	.00	.00	.000	.00	.0	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	
	0	0					.0	
ANCILLARIES	0	0	.00	.00	.000	.00		
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.0	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	
COMM HOSP OUTPATIENT TOTAL	1	1	52.07	52.07	.000	52.07	.0	
MEDICAL	0	0	.00	.00	.000	.00	.0	
SURGERY	0	0	.00	.00	.000	.00	.0	<i>i</i> O
PATHOLOGY	1	1	52.07	52.07	.000	52.07	.0	10
RADIOLOGY	0	0	.00	.00	.000	.00	.0	
ROOM USE	0	0	.00	.00	.000	.00	.0	
CROSSOVERS/ALL OTH OUTPTNT	Õ	0	.00	.00	.000	.00	.0	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000			
GOIVIE UODEIIVE	U	U Ą	.00	٠٠٠	.000 \$, .00	٧ . 0	U

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ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	18	\$	450.63	\$	25.04	.000	\$	45.06	\$.00
PATHOLOGY	10	18		450.63		25.04	.000		45.06		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	402.34	\$	402.34	.000	\$	402.34	\$.00
CLINIC	1	1		402.34		402.34	.000		402.34		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES I	MONTH-OF-PAYMENT RE	POR!	r for Jan 20	002 THRU	DEC	2002	PA	GE 13,964
MOP024	FEE-FOR-SERVICE/DENTAI										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	DR 71 PRE	SUMP	ELIGIBILITY-PREGNA	NT	AID CODES 7					
						-	M	ONT	HLY AVERA	GE -	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CARE	E			PER	UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS 1	1	\$	10	05.00	\$	105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP. 0	0			.00		.00	.000	.00		.00
BLOOD BANK 0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS 0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION 0	0			.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS 0	0			.00		.00	.000	.00		.00
OTHER TRANS 0	0			.00		.00	.000	.00		.00
OTHER SERVICES 0	0			.00		.00	.000	.00		.00
ACUPUNCTURE 0	0			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR 0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING 1	1		10	05.00		105.00	.000	105.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0			.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST 0	0			.00		.00	.000	.00		.00
OPTICIAN 0	0			.00		.00	.000	.00		.00
PHYSICAL THERAPIST 0	0			.00		.00	.000	.00		.00
PORTABLE X-RAY 0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS 0	0			.00		.00	.000	.00		.00
PROSTHETICS 0	0			.00		.00	.000	.00		.00
ORTHOTICS 0	0			.00		.00	.000	.00		.00
PSYCHOLOGIST 0	0			.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY 0	0			.00		.00	.000	.00		.00
HOSPICE SERVICES 0	0			.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS 0	0			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES 0	0			.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE 0	0			.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT. 0	0			.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING 0	0			.00		.00	.000	.00		.00
ALL OTHER PROVIDERS 0	0			.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES* 0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP** 0	0	\$.00	\$.00	.000	\$.00	\$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,965
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

CILIUUI COOMII	DOIMING OF DER	VIOLD IOIC	, 2 1100		TODDINGOLODID INGC	JI (Z 1I I	1110 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
								MC	NTHLY 2	AVERA	AGE	
05 ELIGIBLES	USERS	UNITS OF	SERVICE	<u>C</u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST	PER		COST PER
		OR DAYS	OF CARE	C		PER	R UNIT/DAY	PER ELIG	USI	ΣR		ELIGIBLE
@TOTAL, ALL PROVIDERS	5		17	\$	1,708.83	\$	100.52	3.400	\$ 343	1.77	\$	341.77
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	Õ		.00		.00	.000		.00		.00
@PHARMACY	5	17	\$	1,708.83	\$	100.52	3.400	¢	341.77	Ś	341.77
PRESCRIPTION DRUGS	5	17	۲	1,708.83	۲	100.52	3.400	Y	341.77	Y	341.77
SNF/ICF	0	0		·		.00	.000		.00		.00
	0	17		.00 1,708.83		100.52	3.400		341.77		341.77
OUTPATIENTS	0			·							
MEDICAL SUPPLIES	0	0	÷	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@DENTIST	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS - DIAGNOSTIC	U	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Ε	PAGE 13,966
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
SIERRA COUNTY			-CA	L TUBERCULOSIS PRO	GRAM	AID CO	ODE				
							M	ONT	HLY AVERA	GE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
	******	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	Ö	т	.00	т	.00	.000	т	.00	Τ.	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	۲		۲			۲		۲	
OTHER SERVICES	0	•		.00		.00	.000		.00		.00
	0	0	÷		Ś	.00		Ċ		ċ	.00
@PODIATRIST	-	0	\$.00	Ş	.00	.000	Þ	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	U	0	<u>_</u>	.00	<u>_</u>	.00	.000	<u>~</u>	.00	_	.00
@HOME HEALTH AGENCY	0	0	\$.00	Ş	.00	.000		.00	Ş	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 13,967
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 72 MEDI-CAL	TUBERCULOSIS PROG	RAM AID CO	DDE		
					MONT	HLY AVERAG	SE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAI	0	0	.00	.00	.000	.00	.00

.00

.00

.000

.00

.00

MEDICAL

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	Ô	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	0						
@STATE HOSPITAL	U	0 \$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0						
@INTERMEDIATE CARE FACILDD	Ü	0 \$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00		\$.00	\$.00
	0	0	.00		.000	.00	.00
HOSPITAL BASED	0			.00			
INDEPENDENT FACILITY	U	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	O	0 \$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
	0	0	.00				
RURAL HEALTH CLINIC	•			.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES M	IONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 13,968
MOP024	FEE-FOR-SERVICE/						01/17/03
SIERRA COUNTY	SUMMARY OF SERVI	CES FOR 72 MEDI-CAL	J TUBERCULOSIS PROC	GRAM AID (CODE		
					MO	NTHLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE				USER	ELIGIBLE
				PER UNIT/DA			
MAIL OTHER PROVIDERS	0		0.0	PER UNIT/DAY		s 00	\$ 00
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0 \$ 0	.00	\$.00	.000	.00	.00
DURABLE MED. EQUIP. BLOOD BANK	· · · · · · · · · · · · · · · · · · ·	0 \$.00	\$.00	.000 .000	.00	.00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	0	0 \$ 0	.00 .00 .00	\$.00 .00 .00	.000 .000 .000	.00	.00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0 0 0 0	0 \$ 0 0 0	.00 .00 .00 .00	\$.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0	0 \$ 0 0 0 0	.00 .00 .00 .00	\$.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	0 0 0 0	0 \$ 0 0 0	.00 .00 .00 .00	\$.00 .00 .00 .00	.000 .000 .000 .000	.00 .00 .00	.00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	0 0 0 0 0	0 \$ 0 0 0 0	.00 .00 .00 .00	\$.00 .00 .00 .00 .00	.000 .000 .000 .000 .000	.00 .00 .00 .00	.00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	0 0 0 0 0	0 \$ 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00	.00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000	.00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	0 0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 0 0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	0 0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 0 0 0 0 0 0 0 0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 .00 .00 .00 .00 .00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,969
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT ALD CODES ALD CODES 7M 7P 7R

SIERRA COUNTI	SOMMANI OF SERV	/ICES FOR	12 MITIM	JR CC	MOENI AID CODEO AI	ID CODES /M /F	/ F.			
							MOI	NTHLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CAR	3		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3		35	\$	5,753.39	\$ 164.38	17.500	\$ 1917.80	\$	2876.70
@PHYSICIANS SERVICES	2		26	\$	1,565.58	\$ 60.21	13.000	\$ 782.79	\$	782.79
OUTPATIENT VISITS	1		1		26.18	26.18	.500	26.18		13.09
OFFICE VISITS	1		1		26.18	26.18	.500	26.18		13.09
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	1		2		95.03	47.52	1.000	95.03		47.52

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	4	0		05 00		45 50	1 000		0.5.00		45 50
HOSPITAL VISITS	1	2		95.03		47.52	1.000		95.03		47.52
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	22		1,421.57		64.62	11.000		710.79		710.79
PRINCIPAL SURGEON	1	1		1,088.56		1088.56	.500		1088.56		544.28
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	21		333.01		15.86	10.500		333.01		166.51
OUTPATIENT SURGERY	1	1		22.80		22.80	.500		22.80		11.40
PRINCIPAL SURGEON	1	1		22.80		22.80	.500		22.80		11.40
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	•	Ŝ	.00	Ś	.00	.000	Ś		Ś	.00
PRESCRIPTION DRUGS	0	0 7	7	.00	Y	.00	.000	Y	.00	٧	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	•	\$.00	\$.00	.000	ċ	.00	ċ	.00
	0	0	7	.00	Ą	.00	.000	Ş	.00	ې	.00
VISITS - DIAGNOSTIC	0	0									
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-C	F-PAYMENT RE	EPORI	FOR JAN	2002 THRU	DEC	2002	P	AGE 13,970
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
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SIERRA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MO	TNC	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	8	\$	4,180.21	\$	522.53	4.000	\$	2090.11	\$	2090.11
HOSP INPATIENT TOTAL	1	2	·	4,104.21	·	2052.11	1.000	·	4104.21	Ċ	2052.11
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2		4,104.21		2052.11	1.000		4104.21		2052.11
ACCOMMODATIONS	1	2		577.50		288.75	1.000		577.50		288.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		577.50		288.75	1.000		577.50		288.75
ANCILLARIES	1	0		3,526.71		.00	.000		3526.71		1763.36
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	6		76.00		12.67	3.000		76.00		38.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	Ö		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		22.50		22.50	.500		22.50		11.25
CROSSOVERS/ALL OTH OUTPINT		5		53.50		10.70	2.500		53.50		26.75
@COUNTY HOSPITAL TOTAL	0	Ō	\$	.00	\$	.00	.000	\$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000	·	.00	Ċ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	Р	AGE 13,971
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FO	OR 73 MIN	OR COI	NSENT AID CODES A	ID C	ODES 7M 7F	7R				
							-			~-	

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,180.21 \$ 522.53 4.000 \$ 2090.11 \$ 2090.11 @COMMUNITY HOSPITAL TOTAL 8 \$ COMM HOSP INPATIENT TOTAL 4,104.21 2052.11 1.000 4104.21 2052.11 .00 0 .00 .00 .000 .00 HSC HOSPITALS 4,104.21 2052.11 1.000 4104.21 NON-HSC HOSPITALS TOTAL 2052.11 288.75 288.75 1.000 .00 .000 577.50 577.50 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00

	ALL OTHER ACCOM	1	2		577.50		288.75	1.000		577.50		288.75
	ANCILLARIES	1	0		3 <b>,</b> 526.71		.00	.000		3526.71		1763.36
	INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	COMM HOSP OUTPATIENT TOTAL	1	6		76.00		12.67	3.000		76.00		38.00
	MEDICAL	0	0		.00		.00	.000		.00		.00
	SURGERY	0	0		.00		.00	.000		.00		.00
	PATHOLOGY	0	0		.00		.00	.000		.00		.00
	RADIOLOGY	0	0		.00		.00	.000		.00		.00
	ROOM USE	1	1		22.50		22.50	.500		22.50		11.25
	CROSSOVERS/ALL OTH OUTPINT	1	5		53.50		10.70	2.500		53.50		26.75
0	STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
	DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
0	NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
0	INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	ICF DDH	0	0		.00		.00	.000		.00		.00
	ICF DD	0	0		.00		.00	.000		.00		.00
	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
0	HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
	HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
0	REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
	INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
0	LABORATORY FACILITY	1	1	\$	7.60	\$	7.60	.500	\$	7.60	\$	3.80
	PATHOLOGY	1	1		7.60		7.60	.500		7.60		3.80
	XO AND OTHERS	0	0		.00		.00	.000		.00		.00
0	ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	CLINIC	0	0		.00		.00	.000		.00		.00
	SURGICENTER	0	0		.00		.00	.000		.00		.00
	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#	CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-		EPORT			DEC		Р	AGE 13,972
	MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

					MOI	NTHLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		00	.00
OPTICIAN	0	0	.00	.00	.000		00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000		00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		00	.00
PROSTHETICS	0	0	.00	.00	.000		00	.00
ORTHOTICS	0	0	.00	.00	.000		00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$.	00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$.	00 \$	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,973 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

SIERRA COUNTI	SUMMAKI OF SEK	VICES FOR 74 FOR	COTOKI	r OSE		MON	תחות אוובטא	CF
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 ELIGIBLES	OSEKS	OR DAYS OF CARE		EVLENDIIOVES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CARE	Ċ	.00	\$ .00	.000 \$		\$ .00
@PHYSICIANS SERVICES	0	0	ب د	.00	\$ .00	.000 \$		\$ .00
OUTPATIENT VISITS	0	0	۲	.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
	0	0		.00				
DIALYSIS	0	0			.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	Ü	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONTH-OF-P	AYMENT RE	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 13,974
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
SIERRA COUNTY	SUMMARY OF SERVICES FOR	74 FOR	FUTURE USE					
						MC	ONTHLY AVERAC	E

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

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PER UNIT/DAY PER ELIG

COST PER

ELIGIBLE

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UNITS OF SERVICE

0 \$

0

0

0

OR DAYS OF CARE

00 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

@OPTOMETRIST

EYE APPLIANCES

USERS

0

0

0

0

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	ب خ	.00	\$	.00	.000	\$	.00	\$ .00
	0		ې د							
NURSE MIDWIFE	•	0	ې د	.00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	0	0	Ş	.00	\$	.00	.000	\$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
	0									
RADIOLOGY	•	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	_	.00	.000	_	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	.00
ANCILLARIES	0	0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	.00
MEDICAL	0	0		.00		.00	.000		.00	.00
SURGERY	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
ROOM USE	0	0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	o o	0		.00		.00	.000		.00	.00
		CES AND EXPENDITURE	TO MO					DEC		PAGE 13,975
			ro MC	DNIH-OF-PAIMENI RI	EPUR.	FOR JAN 2002	Z INKU	DEC	2002	•
MOP024	FEE-FOR-SERVICE		CIIMII	OF LICE						01/17/03
SIERRA COUNTY	SUMMAKI OF SERV	VICES FOR 74 FOR I	r UTUF	KE USE			3.7	ONTEST.	II	~ E
OO BLICIBLES	HOEDO	INTEG OF CERTICE		EADENDIMIDEC	71 7 7 7					GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST UNI				COST PER
ACOMMUNITARY HOODITARY TOTAL	^	OR DAYS OF CARE		0.0		R UNIT/DAY PI			USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$ .00

COMM HOSP INPATIENT TOTAL	0	0		.00	)	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	)	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	)	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	)	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	)	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00		.00	.000	\$		\$	.00
MENTALLY ILL	0	0	•	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00		.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0	•	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.00	.000	\$	.00	\$	.00
ICF DDH	0	0	'	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00	.000	\$		\$	.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0	•	.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00		.00	.000	\$	.00	\$	.00
CLINIC	0	0	•	.00		.00	.000		.00	·	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00	)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO					DEC	2002	PA	GE 13,976
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTUI	RE USE							
							M	HTNC	LY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	. AV	ERAGE COST	UNITS/DAY	s c	OST PER	С	OST PER
		OR DAYS OF CARE		-		R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00		.00	.000		.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAI MDANCDODMAMION	^	^		0.0		0.0	000		0.0		0.0

0

MEDICAL TRANSPORTATION

0

.00

.00

.000

.00

.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,977
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

			,				
					MON'	THLY AVERAG	E
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-	PAYMENT REP	ORT FOR JAN	2002 THRU D	EC 2002	PAGE 1	3,978
MOP024	FEE-FOR-SERVICE/DENTAL							01/	17/03

SIERRA COUNTI	DOMESTIC OF DELC	VICED FOR	75 551	TILLI	AL/NIDC		AID CODES	OIA				
								M	CNC	THLY AVERA	GE.	
16 ELIGIBLES	USERS	UNITS OF	SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CAR	₹.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

SIERRA COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN :	2002 THRU DEC 2	2002	PAGE 13,979

MOP024 FEE-FOR-SERVICE/DENTAL
SIERRA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N 01/17/03

SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 75 SSI APPEAL	1/NLDC	AID CODES	6N		
					MONT		
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ô	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ROOM USE	· ·	ŭ		.00	.000		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	U	0 \$	.00	\$ .00	.000 \$	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0						
@LABORATORY FACILITY	0	0 \$ 0	.00	\$ .00	.000 \$	.00	•
PATHOLOGY	U	· ·	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	U	0 \$	.00	\$ .00	.000 \$	.00	•
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 13,980
MOP024	FEE-FOR-SERVICE						01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 75 SSI APPEAL	L/NLDC	AID CODES	6N		
					MONT	HLY AVERAG	E
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

16 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00	.00
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00	.00
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP** 0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,981
MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03
SIERRA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

----- MONTHLY AVERAGE -----4,960 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 85.18 @TOTAL, ALL PROVIDERS 2,911 35,580 3,030,860.40 7.173 \$ 1041.17 \$ 611.06 @PHYSICIANS SERVICES 491 1,617 69,768.64 43.15 .326 \$ 142.09 \$ 14.07 OUTPATIENT VISITS 193 260 11,077.33 42.61 .052 57.40 2.23 OFFICE VISITS 123 148 5,337.43 36.06 .030 43.39 1.08 1 51.60 .000 51.60 .01 HOME VISITS 51.60 48.17 EMERGENCY ROOM 63 83 3,998.15 .017 63.46 .81 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 .003 OB VISITS/COMPRE PERI 8 16 1,362.66 85.17 170.33 .27 OTHER OUTPATIENT 12 27.29 27.29 12 327.49 .002 .07 40 INPATIENT VISITS 147 8,787.58 59.78 .030 219.69 1.77 38 121 5,205.48 136.99 1.05 HOSPITAL VISITS 43.02 .024 137.77 895.53 .72 CRITICAL CARE 26 3,582.10 .005 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 OPHTHALMOLOGICAL SERVICES 84.26 42.13 .000 42.13 .02 EXAMINATIONS 84.26 42.13 .000 42.13 .02 SERVICES AND MATERIALS .00 .00 .000 .00 .00

INPATIENT HOSPITAL SURGERY	42	303		20,580.03		67.92	.061		490.00		4.15
PRINCIPAL SURGEON	22	27		14,918.47		552.54	.005		678.11		3.01
ASSISTANT SURGEON	5	5		934.46		186.89	.001		186.89		.19
ANESTHESIOLOGIST	23	271		4,727.10		17.44	.055		205.53		.95
OUTPATIENT SURGERY	51	114		9,079.31		79.64	.023		178.03		1.83
PRINCIPAL SURGEON	45	63		7,935.88		125.97	.013		176.35		1.60
ASSISTANT SURGEON	2	2		160.28		80.14	.000		80.14		.03
ANESTHESIOLOGIST	8	49		983.15		20.06	.010		122.89		.20
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	107	196		3,645.58		18.60	.040		34.07		.73
RADIOLOGY	114	250		8,271.02		33.08	.050		72.55		1.67
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	15		130.37		8.69	.003		18.62		.03
OTHER SERVICES/ALL X-OVERS	161	330		8,113.16		24.59	.067		50.39		1.64
@PHARMACY	1,819	9,051	\$	476,753.25	\$	52.67	1.825	\$	262.10	\$	96.12
PRESCRIPTION DRUGS	1,809	6,734		452,616.39		67.21	1.358		250.20		91.25
SNF/ICF	325	1,736		101,617.11		58.54	.350		312.67		20.49
OUTPATIENTS	1,501	4,998		350,999.28		70.23	1.008		233.84		70.77
MEDICAL SUPPLIES	81	2,317		24,136.86		10.42	.467		297.99		4.87
@DENTIST	56	289	\$	10,296.00	\$	35.63	.058	\$	183.86	\$	2.08
VISITS - DIAGNOSTIC	42	173		2,551.50		14.75	.035		60.75		.51
ORAL SURGERY	7	35		2,168.00		61.94	.007		309.71		. 44
DRUGS	3	6		52.50		8.75	.001		17.50		.01
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.02
PERIODONTICS	3	3		255.00		85.00	.001		85.00		.05
ENDODONTICS	3	9		721.50		80.17	.002		240.50		.15
RESTORATIVE DENTISTRY	10	44		1,722.50		39.15	.009		172.25		.35
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	6	13		2,485.00		191.15	.003		414.17		.50
SPACE MAINTAINERS	1	1		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	3	3		210.00		70.00	.001		70.00		.04
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT I	REPOR	RT FOR JAN	2002 THRU	DEC	2002	F	PAGE 13,982
MOP024	FEE-FOR-SERVICE										01/17/03
SIERRA COUNTY	SUMMARY OF SERV	ICES FOR 80 TOT	AL CI	ERTIFIED							
							M			-	
4,960 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ÆRAGE COST					COST PER
	_	OR DAYS OF CAR	E .		PE	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE

4 0C0 BITGIBIES	HORDO	IDITED OF SERVICE	,	DADDADAMIDAG	70 7 7 7	DAGE GOOD	TINITED / DANG	o - 1 - 2	GOOM DED	 COOM DED
4,960 ELIGIBLES	USERS	UNITS OF SERVICE	5	EXPENDITURES	AVE		UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CAR	C		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	95	282	\$	6,713.33	\$	23.81	.057	\$	70.67	\$ 1.35
DIAGNOSTIC AND ANC. PROCED	60	60		2,849.80		47.50	.012		47.50	.57
EYE APPLIANCES	72	209		3,666.25		17.54	.042		50.92	.74
OTHER OPTOMETRIC SERVICES	8	13		197.28		15.18	.003		24.66	.04
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	8	9	\$	231.72	\$	25.75	.002	\$	28.97	\$ .05
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	1	1		11.00		11.00	.000		11.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	7	8		220.72		27.59	.002		31.53	.04
@HOME HEALTH AGENCY	11	485	\$	9,181.47	\$	18.93	.098	\$	834.68	\$ 1.85
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	Ġ	.00	\$	.00	.000	Ś	.00	Ġ	.00
@TOTAL HOSPITAL	516	2,409	¢	260,719.27	Ś	108.23	.486		505.27		52.56
HOSP INPATIENT TOTAL	57	231	Y	193,048.97	Υ	835.71	.047	Υ	3386.82	Ψ	38.92
HSC HOSPITALS	4	26		•		1001.81	.005		6511.75		5.25
NON-HSC HOSPITAL TOTAL	27	103		146,727.61		1424.54	.021		5434.36		29.58
ACCOMMODATIONS	27	103		39,663.71		385.08	.021		1469.03		8.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00			.000		.00		
	27					.00			1469.03		.00
ALL OTHER ACCOM	27	103		39,663.71		385.08	.021				8.00
ANCILLARIES		0		107,063.90		.00	.000		3965.33		21.59
INPATIENT CROSSOVERS	26	102		20,274.36		198.77	.021		779.78		4.09
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	481	2,178		67,670.30		31.07	.439		140.69		13.64
MEDICAL	93	127		5,369.63		42.28	.026		57.74		1.08
SURGERY	34	43		2,476.98		57.60	.009		72.85		.50
PATHOLOGY	217	664		8,121.32		12.23	.134		37.43		1.64
RADIOLOGY	128	249		28,174.15		113.15	.050		220.11		5.68
ROOM USE	183	268		10,495.36		39.16	.054		57.35		2.12
CROSSOVERS/ALL OTH OUTPTNT	191	827		13,032.86		15.76	.167		68.23		2.63
@COUNTY HOSPITAL TOTAL	4	8	\$	205.94	\$	25.74	.002	\$		\$	.04
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	8		205.94		25.74	.002		51.49		.04
MEDICAL	2	2		40.33		20.17	.000		20.17		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		40.88		20.44	.000		40.88		.01
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		48.20		48.20	.000		48.20		.01
CROSSOVERS/ALL OTH OUTPTNT	2	3		76.53		25.51	.001		38.27		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M		POR			DEC		PA	GE 13,983
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

----- MONTHLY AVERAGE -----4,960 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 513 2,401 \$ 260,513.33 \$ 108.50 .484 \$ 507.82 \$ 52.52 57 231 COMM HOSP INPATIENT TOTAL 193,048.97 835.71 .047 3386.82 38.92 26 26,047.00 1001.81 .005 6511.75 5.25 HSC HOSPITALS 4 NON-HSC HOSPITALS TOTAL 27 103 146,727.61 1424.54 .021 5434.36 29.58 27 103 39,663.71 385.08 1469.03 8.00 ACCOMMODATIONS .021 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 27 103 39,663.71 385.08 .021 1469.03 8.00 27 .000 0 107,063.90 .00 3965.33 21.59 ANCILLARIES 20,274.36 198.77 779.78 102 .021 4.09 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 478 2,170 67,464.36 31.09 .438 141.14 13.60 MEDICAL 91 125 5,329.30 42.63 .025 58.56 1.07

SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

SIERRA COUNTY

SURGERY	34	43	2,476.98	57.60	.009	72.85	.50
PATHOLOGY	216	662	8,080.44	12.21	.133	37.41	1.63
RADIOLOGY	128	249	28,174.15	113.15	.050	220.11	5.68
ROOM USE	182	267	10,447.16	39.13	.054	57.40	2.11
CROSSOVERS/ALL OTH OUTPTNT	190	824	12,956.33	15.72	.166	68.19	2.61
@STATE HOSPITAL	5	151	\$ 56,519.19	\$ 374.30	.030	\$ 11303.84	\$ 11.39
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	5	151	56,519.19	374.30	.030	11303.84	11.39
@NURSING FACILITY	408	11,774	\$ 1,748,161.87	\$ 148.48	2.374	\$ 4284.71	\$ 352.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	10	340	34,215.22	100.63	.069	3421.52	6.90
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	398	11,434	1,713,946.65	149.90	2.305	4306.40	345.55
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	3	\$ 48.95	\$ 16.32	.001	\$ 48.95	\$ .01
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	3	48.95	16.32	.001	48.95	.01
@LABORATORY FACILITY	72	158	\$ 2,705.71	\$ 17.12	.032	\$ 37.58	\$ .55
PATHOLOGY	72	158	2,705.71	17.12	.032	37.58	.55
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,302	2,164	\$ 248,677.97	\$ 114.92	.436	\$ 191.00	\$ 50.14
CLINIC	13	40	1,421.86	35.55	.008	109.37	.29
SURGICENTER	3	17	619.53	36.44	.003	206.51	.12
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 1,290 2,107 246,636.58 117.06 .425 191.19 49.73 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 13,984 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SIERRA COUNTI	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED								
			_					NTHLY AVERA	
4,960 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDIT	URES	AVERAGE COST			COST PER
		OR DAYS OF CAR				PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	324	7,188	\$	141,08		\$ 19.63	1.449		•
DURABLE MED. EQUIP.	17	91		11,61		127.69	.018	683.52	2.34
BLOOD BANK	0	0			.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	47		7,492	2.20	159.41	.009	227.04	1.51
MEDICAL TRANSPORTATION	36	882		18,768	8.37	21.28	.178	521.34	3.78
AMBULANCES/AIR TRANS	24	751		10,83	2.64	14.42	.151	451.36	2.18
OTHER TRANS	3	19		90	0.62	4.77	.004	30.21	.02
OTHER SERVICES	12	112		7,84	5.11	70.05	.023	653.76	1.58
ACUPUNCTURE	0	0			.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	16	239		15,99	6.28	66.93	.048	999.77	3.23
GENETIC DISEASE TESTING	13	13		1,16	5.00	89.62	.003	89.62	.23
IHMC, MODEL-NF, NF, AIDS, MSSP	8	3,449		64,86	4.51	18.81	.695	8108.06	13.08
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00	.00
OPTICIAN	70	157		1,66	1.71	10.58	.032	23.74	.34
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0			.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	6		904	4.98	150.83	.001	904.98	.18
PROSTHETICS	1	6		904	4.98	150.83	.001	904.98	.18
ORTHOTICS	0	0			.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0			.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8		365	5.45	45.68	.002	121.82	.07
HOSPICE SERVICES	0	0			.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	39	469		3,970	0.25	8.47	.095	101.80	.80
EPSDT SUPPLEMENTAL SERVICE	0	0		•	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	114	1,827		14,27	4.44	7.81	.368	125.21	2.88
@CALIF. CHILDREN SERVICES*	17	234	\$			\$ 105.74	.047		
@XOVER EXCLUDING STATE HOSP**	340	1,277	\$	55,39		\$ 43.38	.257	•	•

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SIERRA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.